

Olive Tree Holdings Limited - Olive Tree Rest Home

Introduction

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

The audit has been conducted by 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:	Olive Tree Holdings Limited
Premises audited:	Olive Tree Rest Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 7 October 2025 End date: 8 October 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	44

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Olive Tree Rest Home is part of the Arvida Group and is certified to provide hospital (medical and geriatric), dementia, and rest home levels of care for up to 51 beds. At the time of the audit there were 44 residents.

This certification audit was conducted against Ngā Paerewa Health and Disability Standard 2021 and contracts with Health New Zealand. The audit process included the review of policies and procedures; the review of resident and staff files; observations; and interviews with residents, family/whānau, management, staff, and a nurse practitioner.

There have been no changes to management since last audit. The experienced village manager is supported by a clinical manager (registered nurse), clinical coordinator, registered nurses, wellness partners (caregivers), and a team of experienced staff. There are various groups in the Arvida support office who provide oversight and support to village managers.

There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified a shortfall related to the building warrant of fitness.

The service has been awarded a continuous improvement related to staff professional development.

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.

Olive Tree Rest Home provides an environment that supports resident rights and safe care. There is a Māori health plan in place for the organisation. Te Tiriti O Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake, and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Staff demonstrate their knowledge and understanding of resident's rights and ensure that residents are well informed in respect of these. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. 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 rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service in accordance with the Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

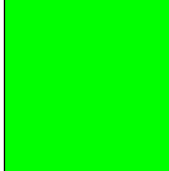
The business plan includes a mission statement and operational objectives. The service has quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and staff. They are focused on improving service delivery and care.

Performance is monitored and reviewed at planned intervals via the quality and risk programme and through meetings. Residents and family/whānau are given the opportunity to provide regular feedback. An integrated approach includes collection and analysis of quality improvement data, identifying trends and leads to improvements. Adverse events are documented, with corrective actions implemented.

Recruitment procedures include an interview, police checks, referee checks, and induction. Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, inducted, and managed using current good practice. A systematic approach to identifying and delivering ongoing learning and development, supports safe equitable service delivery.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The village manager and clinical manager efficiently manage the entry process to the service. There was an electronic system for monitoring entry to services. Residents were assessed before entry to the service to confirm eligibility. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrate individualised care.

Files reviewed demonstrated care meets the needs of residents, and that these have been evaluated on a regular and timely basis. Residents were supported to maintain and develop their interests and participate in meaningful activities, both in the service and in

the community. Activities plans were completed in consultation with residents and their family/whānau. The planned activity programme provides residents with a variety of individual and group activities. There are adequate resources to undertake activities at the service.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent wellness partners are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed meets prescribing requirements and are reviewed at least three-monthly by the nurse practitioner.

Residents' food preferences and dietary requirements are identified at admission, and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines, and additional requirements/modified needs are being met. The service has a current food control plan.

Residents are reviewed regularly and referred to specialist services and to other health services as required.

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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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The facility meets the needs of residents and was clean and maintained. The building holds a Building Warrant of Fitness Report and Declaration (B-RaD) in place. Electrical and biomedical equipment has been checked and assessed as required. Internal and external areas are accessible and safe. External areas have shade and seating provided and meet the accessibility needs of residents. Each bedroom has their own full ensuite. There are sufficient toilets for staff and visitors. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents and some wear personal pendant alarms. Residents and family/whānau report timely response to call bells.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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A registered nurse is responsible for infection prevention and control and antimicrobial stewardship for Olive Tree Rest Home. Surveillance data is undertaken. Infection incidents are collated and analysed for trends, and the information used to identify opportunities for improvements which are discussed in facility meetings. Benchmarking occurs. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at executive and Board level.

Wellness partners are supplied with personal protective equipment. Sufficient supplies are available. The organisation has access to other infection control expertise. Education includes hand hygiene and donning and doffing of personal protective equipment.

There are policies that provide guidance in relation to cleaning, laundry, and waste management. There have been outbreaks recorded and reported since 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 fully attained.

The service has reduced their use of restraint and are working towards restraint elimination. This is supported by the governing body and policies and procedures. There was one resident using restraint at the time of audit. An assessment, approval, and monitoring process, with regular reviews is in place. A suitably qualified restraint coordinator, who is a registered nurse, leads the process. Staff receive education in the management of challenging behaviour, de-escalation strategies, and alternative interventions to 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	28	0	1	0	0	0
Criteria	1	174	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim of this plan is equitable health outcomes for Māori residents and their family/whānau, with overall improved health and wellbeing. The Māori health plan has a set of actions to address barriers to Māori accessing care and employment within Arvida, which is understood by staff. At the time of the audit there were no residents who identified as Māori. Olive Tree Rest Home is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau, and evidence would be documented in the resident care plan for any Māori residents admitted into the service.</p> <p>The village manager interviews all suitably qualified Māori applicants when they apply for employment opportunities at Olive Tree Rest Home. At the time of the audit there were staff members who identified as Māori. The business plan documentation confirms the service is embedding and enacting Te Tiriti o Waitangi within the service, welcoming, recognising and supporting Māori employees and residents.</p> <p>Arvida Group is dedicated to partnering with Māori, government, and</p>

		<p>other businesses to align their work with and for the benefit of Māori. Arvida has a Māori Advisory Group which confers on and provides support for any cultural issues arising from Villages. The advisory group also consults with the Health Equity Group on matters where policy or practice change may be required. Olive Tree Rest Home has affiliations with Te Aroha Noa (a local social services group), foster connections with local schools, and staff on site who are fluent in te reo Māori provide input into events such as Te Wiki O Te Reo Māori and Matariki.</p> <p>Fifteen staff (four wellness partners, four registered nurses [including the clinical coordinator], kitchen manager, one cleaner, one laundry staff, the resident services team leader, one wellness leader, one administrative support and one maintenance staff) and management (village manager, clinical manager and Arvida head of clinical quality) confirmed that all cultures were treated equally and welcomed to the workplace. Residents and family/whānau are involved in providing input into the resident's support planning, their activities, and their dietary needs. Wellness partners and the wellness leader were able to describe how support for the residents is based on the resident's individual values, preferences, and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The Pacific Way Framework (PWC) is the chosen model for the Pacific health plan. There are four stages identified for the implementation of the Pacific health plan and include setting the foundations, develop commitment, deliver the action plan, and providing leadership. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing family/whānau, and providing high quality healthcare.</p> <p>On entry to service all residents state their ethnicity. There were no residents that identified as Pasifika at the time of the audit. The clinical manager interviewed, advised that family/whānau of Pacific residents would be encouraged to be present during the admission process, including completion of the assessments and support plan. Individual cultural beliefs are documented for all residents in their support plan. Resident's family/whānau are encouraged to be involved in all aspects of care, particularly in nursing decisions,</p>

		<p>satisfaction of the service and recognition of cultural needs. The clinical coordinator reported that cultural needs assessments guide staff in the delivery of safe equitable services to meet resident cultural needs.</p> <p>The service continues to recruit new staff as vacancies become available. At the time of the audit there were staff who identified as Pasifika who are involved in imparting their knowledge and lived experience in relation to worldviews, cultural, and spiritual beliefs of Pacific peoples. The village manager described how Olive Tree Rest Home continues to provide equitable employment opportunities for the Pacific community. Staff interviewed confirmed that all cultures are respected at Olive Tree Rest Home.</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>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations in English, sign language, and te reo Māori, and is available in other languages as required. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The village manager and clinical manager discuss aspects of the Code with residents and their family/whānau on entry to service. Interviews with six residents (three rest home, three hospital level of care), and four family/whānau (one rest home, two hospital and one dementia), reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service, and confirmed they were provided with opportunities to discuss and clarify their rights. They also reported that staff put residents and family/whānau at the centre of their services.</p> <p>Staff receive education in relation to the Code at orientation and through the education and training programme, which includes (but is not limited to) understanding the role of advocacy services. All staff interviewed understood the requirements of the Code. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Staff interviewed described how they support residents to maintain independence and choose what they want to do. Residents interviewed stated they had choice, independence was promoted, and examples were provided. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>The service's annual training plan demonstrates training that is responsive to the diverse needs of residents across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2025 confirmed that residents and family/whānau are treated with respect. This was also confirmed during interviews with residents and family/whānau. Staff were observed to use person-centred and respectful language with residents, respecting resident's personal areas, and knocking before entering their rooms. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met.</p> <p>Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on entry into service with family/whānau involvement, and is integrated into the residents' support plans. The Arvida Attitude of Living Well encourages a resident-led culture of care that ensures each resident's values and beliefs underpin all decision-making. This holistic approach, using five pillars of wellness, requires staff to understand each resident's individual preferences, habits, and routines. The organisation is actively encouraging the use of te reo Māori; promoting Manaakitanga which can be translated to mean service, hospitality, generosity, respect, kindness and support towards others; leading with aroha; and considering aspects of signage that reflect the use of te reo Māori, and sharing knowledge around the values underpinning tikanga principles.</p> <p>Te Tiriti o Waitangi, te reo Māori and tikanga Māori training is covered in the staff education and training plan. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and</p>

		interrelationship of all living and non-living things. Staff respond to tāngata whaikaha needs and enable their participation in te ao Māori, evidenced through the Māori health plan and interviews with staff and residents.
<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>Olive Tree Rest Home policies aim to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. All staff interviewed understood the service's policy on abuse, neglect, and discrimination, including what to do should there be any signs. The staff handbook provided at orientation describes guidelines to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. House rules are discussed with staff during their induction to the service that address harassment, racism, and bullying. Staff sign to acknowledge their understanding of these house rules.</p> <p>The Arvida values actively encourage an attitude to care, which include fairness, acting with integrity and authenticity, innovation, a can-do attitude, and passionate. These values align closely with Te Tiriti o Waitangi principles, equity, and help to challenge discrimination.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value both the younger and older persons showing them respect and dignity. All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful. Residents reported their property and finances are respected. Police checks are completed as part of the employment process.</p> <p>Professional boundaries are defined in job descriptions and maintained in day-to-day practice. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Residents reported that they are free from any type of discrimination, harassment, physical or sexual abuse, or neglect and felt safe. The</p>

		<p>village manager stated that any reports of alleged episodes of abuse, neglect, or discrimination would be immediately reported through the incident management system, investigated and responded to in a timely manner. Olive Tree Rest Home promotes a holistic Te Whare Tapa Whā model of health, which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents including Māori.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information about the facility and services offered is provided to residents and family/whānau on admission. The information pack reviewed that is provided to residents and family/whānau on admission includes information on the Code, advocacy services, the services provided, and complaints processes. Resident and family/whānau meetings identify feedback from residents and family/whānau, and consequent follow up by the service. Residents confirmed communication with staff is open, effective and that they felt listened to.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident. This is also documented in the resident's progress notes. The accident/incident forms reviewed identified family/whānau are kept informed.</p> <p>Family/whānau interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English. However, Olive Tree Rest Home has appropriate communication strategies in place for staff, should any resident require support.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident, should they wish to do so. The residents and family/whānau are informed prior to entry of the</p>

		<p>scope of services, and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as hospice, and specialist services. The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with in regard to services involved. The management team described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Family/whānau are invited to attend.</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 is an informed consent policy documented for Olive Tree Rest Home that aligns with the Code. Seven electronic resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management, and medical cares were included and signed appropriately, either by the resident or the activated enduring power of attorney (EPOA) as part of the admission process. Residents interviewed could describe what informed consent was and their rights around choice.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and in the planning of resident's care.</p> <p>Enduring power of attorney documentation is filed in the residents' electronic charts, and activated as applicable for residents assessed as incompetent to make an informed decision. Files reviewed for residents in the dementia unit (Silver Fern) had activation of EPOA letters or current welfare guardian documents on file.</p> <p>The organisational advance directive policy has been implemented. There are advance care plans clearly documented to assist in planning the resident's ceiling of care and wishes. In the files</p>

		<p>reviewed, there were appropriately signed resuscitation plans and advance directives in place.</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 family/whānau during the resident's entry to the service. Complaint forms are located throughout the facility, or on request from staff. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) and complaints process is visible, and available in te reo Māori, English, and other languages (as required).</p> <p>The village manager maintains a record of all complaints, both verbal and written, using a complaint register. This register is stored electronically. Documentation, including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the HDC. Twenty-two complaints have been made since the last audit in November 2023. The complaints reviewed evidenced acknowledgement of the lodged complaint, and an investigation and communication with the complainants. Themes have been related to care, attention to detail and communication. Corrective actions related to the complaints were implemented as indicated, with documentation evident in facility meeting minutes.</p> <p>There has been an external anonymous complaint sent to HDC and Nursing Council, which has since been closed off. Heath NZ requested that the auditors follow up on concerns raised in the complaint around reporting of incidents, training, and communication. The audit did not identify any shortfalls related to the issues raised.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) in the quality improvement and staff meetings (minutes sighted). 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. Although there were no Māori residents at the time of the</p>

		<p>audit, information about the support resources for Māori is available to staff to assist Māori in the complaints process. The management team acknowledged the understanding that for Māori, there is a preference for face-to-face communication, and working in partnership with family/whānau through the process.</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>Olive Tree Rest Home is owned and operated by Arvida Group Limited. The service is certified to provide dementia, rest home, and hospital level care for up to 51 beds. These include 26 dual purpose (rest home or hospital) beds; 17 dementia level care beds; and eight dedicated rest home level care beds. There are no double or shared rooms.</p> <p>At the time of the audit there were 44 residents; 13 at dementia level care including one on respite contract; eight hospital level care residents; and 23 rest home level care residents including one respite, one private resident and one respite on long-term support chronic health contract (LTS-CHC). All the remaining residents were on the age-related residential care (ARRC) agreement.</p> <p>The service is managed by the village manager (a non-practicing registered nurse), who has been in the role for ten years. They are supported by the clinical manager, a registered nurse with years of nursing experience, who has been in the role for three years. All members of the management team are suitably qualified and maintain professional qualifications in management and clinical skills, experience, and knowledge in the health sector. The management team were knowledgeable about legislative and contractual requirements.</p> <p>Arvida Group Limited's Board of Directors are experienced and provide strategic guidance and effective oversight of the executive team. Their core focus is creating sustainable value, providing strategic guidance for the group and effective oversight at governance level for the organisation. Arvida Group Limited's Board of Directors are committed to ensuring best-practice governance structures and high ethical standards are maintained within Arvida Group Limited. The Arvida executive team oversees the implementation of the</p>

		<p>business strategy and the day-to-day management of the Arvida Group Business. The Arvida executive team comprises of nine experienced executives. There are various groups in the support office who provide oversight and support to village managers including: wellness and care team, operations (including regional managers), Village Services Information Technology, People Team (including Health and Safety Manager), and Finance and Accounts. The Board receives progress updates on various topics, including benchmarking, escalated complaints, human resource matters, occupancy and infection outbreaks.</p> <p>There is a strategic plan that includes the scope, strategy, mission, values, philosophy around person-centred, and resident-led care and support. There is an Olive Tree Rest Home 2025 business plan being implemented which describes specific and measurable goals that are regularly reviewed and updated. The 2024 business goals have been evaluated with degree towards achievement documented.</p> <p>The executive team, village manager, and clinical staff have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity, and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. There is a Clinical Governance group that guides vision, practice, and development. There is a separate Māori advisory group, whose membership comprises people with Māori ancestry, which assist the Clinical Governance Group to improve the outcomes that achieve equity for Māori by ensuring that any decisions related to Māori embrace the principle of Tino Rangatiratanga. The Māori advisory group is responsible for establishing initiatives to ensure that operational practices are appropriate and to improve access and outcomes that achieve equity for Māori. Arvida Group have contracted a Māori consultant to support policy review, Te Reo, Te Tiriti o Waitangi and tikanga Māori training.</p> <p>Arvida Group has a well-established organisational structure. The overarching current strategic plan has clear business goals to support their philosophy 'to create a great place to work where our people can thrive.' The strategic plan reflects a leadership commitment to collaborate with Māori and tāngata whaikaha, aligns with the Ministry</p>
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		<p>of Health strategies and addresses barriers to equitable service delivery. The overall strategic goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural diversity of the communities that they serve.</p> <p>There is a clinical governance group that reflects the Arvida values and approach, including the inclusion of a resident in the group, 'touchpoints' across different areas of expertise, and clear links to the clinical indicator steering group and Māori advisory group.</p> <p>The village manager and clinical manager have maintained in excess of eight hours of professional development activities related to their roles over the past year. The village manager is supported by the wider Arvida management team.</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>Olive Tree Rest Home has an implemented quality and risk management framework that uses a risk-based approach to improve service delivery and care for the residents. The clinical quality policy describes the service's commitment to quality, and includes information about quality procedures and responsibilities. The quality and risk management framework includes complaints reporting and management; accident and incident reporting; internal audits; hazard identification and review; staff training; and resident experience surveys/feedback. Data is collated monthly and compared to the previous month. Risks are identified and opportunities to minimise risks are implemented.</p> <p>Monthly quality improvement, and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; restraint, staffing; resident and staff movements; and education. Meetings were completed as scheduled, and meeting minutes reviewed evidence follow up of action and sign off of actions when completed. Collation of data was documented as taking place, with corrective actions documented where indicated to address service improvements.</p> <p>The 2025 resident and family/whānau satisfaction survey showed an overall satisfaction with service delivery. There was lower satisfaction</p>

		<p>with activities and collaboration compared to the previous results. The service has since put together quality improvements related to these areas, and communicated the outcome of the survey and corrective actions to residents and family/whānau (July 2025 meeting minutes). Interviews with residents and family/whānau during the audit confirmed that they had noticed the changes being implemented and were satisfied. Survey results analysis and generated corrective actions have been communicated to staff.</p> <p>Olive Tree Rest Home implements a continuous quality improvement approach with service delivery, including critical review of clinical data, feedback, and identifying opportunities for improvement. A continuous quality improvement project is documented for registered nurse professional development, with positive outcome on staff and residents.</p> <p>Cultural safety is embedded in the quality and risk management framework and orientation of new employees to ensure wellness partners can deliver high-quality health care for Māori. Ethnicity data is collected and analysed as part of the quality and risk management framework.</p> <p>The Arvida Group has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and demonstrate alignment with Ngā Paerewa 2021 Standard and contractual requirements. New policies or changes to a policy are communicated to staff. A health and safety system is in place. There is a health and safety committee that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard register was reviewed (sighted). The noticeboards in the nurses' office and staffroom keep staff informed on health and safety issues.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and immediate action is documented with any follow-up action(s) required documented. A sample of twelve incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Areas of potential risk and improvements are identified and acted upon with an action plan.</p>
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		<p>Discussions with the village manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 reports completed, and Severity Assessment Code (SAC) notifications completed to Health Quality and Safety Commission (HQSC) since the last audit. All SAC reports are emailed to head office by the clinical manager, where an organisational reporting process to HQSC is coordinated (completed reports sighted). There have been two outbreaks since last audit, which were appropriately reported.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<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. The service has a weekly roster in place which provides sufficient staff cover for the provision of care and service to residents. Rosters from the past three weeks showed a good cover of all the shifts, with replacement evident for short notice absences.</p> <p>The registered nurses on each shift are aware that extra staff can be called on for increased resident requirements. Wellness partners and registered nurses reported there were adequate staff to complete the work allocated to them. The service contacts own staff, and those on the casual pool to cover short notice absences. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirm their care requirements are attended to in a timely manner.</p> <p>The village manager and clinical manager work during the week and are available on call after-hours for any operational and clinical concerns, respectively. They are closely supported by the Arvida support team, including the head of clinical quality. There are no current vacancies in the roster. The service continues to recruit for more casual staff. There are designated food services, cleaning, maintenance, and laundry staff, with rosters reviewed evidencing seven-day cover. 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 interviewed.</p>

	<p>There is an annual education and training schedule completed for 2024, and being implemented for 2025. The education and training schedule lists compulsory training, which includes culturally safe support practices in New Zealand awareness training. Cultural awareness training is part of orientation and provided annually to all staff. External training opportunities for care staff include training through Health New Zealand, and hospice.</p> <p>The service supports and encourages wellness partners to obtain a New Zealand Qualification Authority (NZQA) qualification. Olive Tree Rest Home supports all employees to transition through the NZQA Careerforce Certificate for Health and Wellbeing. Of the 33 wellness partners at Olive Tree Rest Home Retirement Village, 23 have achieved a level three or above NZQA qualification. There are 13 staff who work in the dementia unit. Seven have completed the required unit standards, four are in progress, and two are enrolled and within 18 months of their employment.</p> <p>All staff are required to complete competency assessments as part of their orientation and annually. Registered nurses complete specific competencies that include restraint, medication management (including controlled drug management, insulin administration, and syringe driver training), and interRAI assessment competencies. All registered nurses have syringe driver competency. Eight of ten registered nurses (including the clinical manager) are interRAI trained. The clinical manager, clinical coordinator and registered nurses are supported to maintain their professional development. All registered nurses are encouraged to attend in-service training and complete education on critical thinking and problem solving, infection prevention and control, and identifying and assessing the unwell resident training.</p> <p>All wellness partners are required to complete annual competencies including (but not limited to) restraint, moving and handling, and cultural competencies. All new staff are required to complete competency assessments as part of their orientation. A selection of wellness partners have completed medication administration competencies. A record of completion is maintained on an electronic human resources system.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance</p>
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		<p>Programme (EAP) were posted and visible in staff locations. Staff and management collaborate to ensure a positive workplace culture. Staff interviewed report a positive work environment.</p> <p>A continuous improvement is awarded for the positive outcomes in supporting internationally qualified nurses strengthen their integration, capability, and confidence as nurses in aged care.</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>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Nine staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking, and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals including (but not limited to) registered nurses, nurse practitioner, dietitian, podiatrist, and pharmacists. There is an appraisal policy in place and an appraisal schedule maintained by the clinical manager and village manager. All staff who have been employed for over 12 months have a current appraisal on file.</p> <p>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. The service demonstrates that the orientation programme supports registered nurses and wellness partners to provide a culturally safe environment for Māori. Newly employed wellness partners described their orientation as comprehensive, and includes buddying when first employed.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff. Currently Arvida supports an employee assistance programme across all its sites, which is</p>

		available to all staff.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. The clinical notes were current, integrated, and legible and met current documentation standards. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Resident's paper-based documents are uploaded to the system and securely stored.</p> <p>Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Information about the services, accommodation options, and costs are outlined in an information pack. Prior to entry, prospective residents and their family/whānau are invited to view the facility. Policies and procedures guide staff in entry criteria and required admission documentation. Policy and process had been followed in all resident files reviewed.</p> <p>Residents and family/whānau interviewed confirmed they were given accurate information about the service, and they felt welcome. Prospective residents are required to be assessed by the needs assessment and coordination service (NASC) as needing rest home, dementia, or hospital level care. Residents and family/whānau confirmed staff are respectful and communicate well with them during the admission process. Entry would only be declined if a prospective resident does not meet the entry criteria, or if there were no bed available. In this case, they are informed and referred to the NASC</p>

		<p>team.</p> <p>The service collects ethnicity data on facility entry and decline rates. This included specific data for entry and decline rates for Māori. The service has developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility can access support from Māori health practitioners, traditional healers, and other organisations by contacting local Māori health service providers.</p> <p>When admitted, residents had a choice of general practitioner or nurse practitioner to oversee their medical requirements.</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>Registered nurses are responsible for all residents' assessments, care planning, and evaluation of care. Seven resident files were reviewed: two residents at rest home level care (including one resident on long- term support chronic health contract (LTS-CHC) and one resident receiving respite care); three hospital level residents; and two dementia level residents.</p> <p>An initial assessment is undertaken by a registered nurse on admission, and an initial care plan is developed on the same day. The initial assessment is documented in the electronic system and includes the use of validated assessment tools. Within three weeks of admission, an interRAI assessment is completed and a long-term care plan is developed with input from residents, family/whānau, wellness partners, registered nurses, and wellness leaders. The resident funded for respite care had a short-term care plan, and a full suite of assessment tools completed as per policy. Residents in the dementia unit have a behaviour assessment and a behaviour plan with associated risks and supports needed, with strategies for managing challenging behaviours also documented. The long-term care plan includes a "leisure plan" that reflects a 24-hour reflection of close to normal routine for the resident, to assist staff in management of the resident's behaviours.</p> <p>The long-term care plans are developed by a registered nurse and are holistic, covering physical needs, assistance required with activities of daily living, psychosocial and cultural needs, and aspirations, and interventions to address medical conditions. The wellness leader</p>

	<p>explained residents who identify as Māori, have a Māori health care plan developed with the resident and their family/whānau, which describes the support required to meet their needs. The clinical coordinator described how the service ensures there are no barriers, so all residents have access to information and services required to promote independence, and how they work alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes. Staff interviewed demonstrated their knowledge of tikanga and cultural safety.</p> <p>Resident files are fully integrated with all members of the team contributing to progress notes, including physiotherapist, registered nurses, wellness partners/leaders, nurse practitioner, and podiatrist. Residents can be referred to a physiotherapist as required. A physiotherapist is readily accessible. The nurse practitioner or general practitioner assesses residents within five days of admission. Residents are then reviewed by the general practitioner or nurse practitioner on a three-monthly routine basis, or more frequently if their condition changes. A nurse practitioner was interviewed, and they were complimentary regarding the standard of clinical leadership and care delivered. The village manager provides on-call support 24/7 for all operational issues. The clinical manager, clinical coordinator, and senior registered nurses provide after-hours support on a rostered basis for all clinical issues. The village manager has overall responsibility of the facility 24/7.</p> <p>Contact details for family/whānau are recorded on the electronic system. Review of documentation evidenced that family/whānau and EPOA are informed where there is a change in health status. Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of residents in the facility, and that they have access to the supplies and products they require to meet those needs.</p> <p>Progress notes are entered daily. Staff receive handover at the beginning of their shift. This was witnessed and found to be comprehensive in nature. Monthly observations such as weight and blood pressure were completed and are up to date. Monitoring of care is completed as required and stated in the care plans, and include weight, blood pressure, bowels, and food and fluid management.</p>
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		<p>Neurological observations are recorded following all un-witnessed falls as per policy requirements. There was one unstageable and two stage I pressure injuries at the time of audit. Review of documentation and discussion with the clinical coordinator evidenced that these have been effectively and appropriately managed.</p> <p>Review of resident care occurs six-monthly. This includes input from the clinical coordinator, senior registered nurses, the wellness leader, wellness partners, residents and family/whānau. The care plan is reviewed to ensure the goals are being met and if there are new goals identified, the care plan is updated. Where short-term needs are identified, such as wounds or infections, a short-term care plan is developed and implemented. Photographs are taken at regular intervals. The wound nurse specialist is readily available for wound evaluation and provides education if required.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Wellness leaders lead the activity programme. The activity programme runs seven days per week until the early evening. The wellness leader interviewed works full time (Monday to Friday) and brings broad experience within the aged care sector to the role. They are supported by wellness partners seven days per week. The activity programme has integrated activities that are appropriate for all residents.</p> <p>The activities programme is supported by the "Attitude of Living Well" framework that covers every aspect of life: eating well, moving well, thinking well, resting well, and engaging well. The activities are displayed in large print on all noticeboards and residents have copies in their bedrooms. Staff remind residents of the day's activity programme throughout the day. Every Thursday a church service is held led by representatives of churches in the community on a rostered system. The activity programme is supported by volunteers who run the library service from the local community library, pet therapy, and the maintenance person who drives the van. The calendar is planned monthly, and the activities coordinator can access input by a diversional therapist at another facility if required. The calendar includes chair exercises; art and craft; baking; quizzes; word puzzles; and themed events such as the Kings birthday,</p>

		<p>Mothers/Father's Day, Matariki, Diwali and Waitangi Day.</p> <p>Each resident has an activities assessment completed. The assessment is completed with the resident and family/whānau, and used to develop an individualised plan for all residents. The cultural, social, spiritual, and activities section of the long-term care plan is completed within three weeks of admission, and reviewed at least six-monthly at the same time as the long-term care plan is reviewed. Attendance/engagement records are maintained. The wellness leader outlined that the resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. The activity programme provides opportunities to participate in te reo Māori, incorporating Māori language in regular activities, entertainment and singing, participation in Māori language week, and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Residents in the dementia unit receive one-on-one activities to meet the needs of each individual. Specific activities include one-to-one chats, supervised walks, van outings, music, and household activities. There are individualised 24-hour leisure plans documented for the residents in the dementia unit. These are used by staff for activities of distraction and include past hobbies and lived experiences. Those residents who prefer to stay in their room or cannot participate in group activities, have one-on-one visits and activities such as hand massage, hand pampering, book reading, and reminiscing. The programme identifies that it is flexible and can be changed in line with resident's needs of the day.</p> <p>Residents are encouraged to provide input into the formation of the programme and partake in activities that are appropriate and meaningful. There are regular van drives for residents, outings, and regular sessions with entertainers visiting the residents. The activity programme sighted during the audit evidenced high attendance and resident engagement. There are regular family/ whānau and resident meetings. Meeting minutes sighted evidenced high attendance. Family/whānau are invited to attend, with separate meetings held for relatives of the residents in the safe care unit. Family/whānau interviewed confirmed they find the meetings helpful for finding out what is happening in the facility, and have an opportunity to provide</p>
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		<p>feedback if necessary. Residents can provide feedback on activities during one-to-one sessions, at the meetings and three/six-monthly reviews.</p> <p>Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</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>Medication management is safe and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. The registered nurse and wellness partners interviewed could describe their role regarding medication administration. The service uses plastic rolls for regular medication, with short course and as required medication packaged in plastic rolls, boxes, and bottles. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Medications are stored securely in the medication rooms. Medication trolleys are locked when not in use.</p> <p>The medication fridges and medication room temperatures are monitored daily. All temperature records reviewed showed that the temperatures are within acceptable ranges. All medications with a short shelf life have been dated on opening and discarded as per manufacturer's instructions. Over the counter vitamins, supplements or alternative therapies residents choose to use, are prescribed by the general practitioner and charted on the medication chart. The six-monthly controlled drug physical check and reconciliation has been completed as per required timeframes.</p> <p>Fourteen (14) electronic medication charts were reviewed. The medication charts reviewed confirmed the nurse practitioner or general practitioner reviews all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. There were two residents self-administering on the days of audit. Review of documentation and discussion with the clinical coordinator confirmed that policy and process were being followed in both instances, to ensure this was managed safely. As required</p>

		<p>medications are administered as prescribed, with effectiveness documented on the electronic medication system and in progress notes.</p> <p>Medication competent wellness partners or registered nurses sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The clinical coordinator described the process to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are all prepared and cooked on site. The kitchen manager (interviewed) works Monday to Friday. They are supported by a part-time cook/kitchen hand and two other kitchen hands. A review of staff training records evidenced that all kitchen staff have completed a broad range of education/training sessions relating to food handling, including tikanga Māori tapu and noa.</p> <p>The kitchen was observed to be clean, well-organised and well equipped. A current approved food control plan was evidenced, expiring May 2026. Dry ingredients remain in their original packaging and are placed in a plastic see-through box and dated on opening. The kitchen manager outlined they do not decant to other containers to prevent any mixing of old and new contents, they keep the original label which outlines all ingredients and if there is a product recall, they can return the packaging in its entirety. Where required, the packaging was enclosed in a container to maintain freshness.</p> <p>The four-weekly seasonal menu has been reviewed by a dietitian in April this year. The kitchen manager receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The kitchen manager is aware of resident likes, dislikes, and special dietary requirements. Resident profiles had</p>

		<p>been reviewed within the six-monthly resident review process, or as and when required. Alternative meals are offered for those residents with dislikes, or religious and cultural preferences. Residents have access to nutritious snacks at any time of the day or night. On the day of audit, meals were observed to be well presented.</p> <p>The kitchen staff interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. The kitchen manager is familiar with dietary preferences for Māori residents. The kitchen team work in tandem with the wellness leader to provide food when celebrating national days of significance, including Waitangi Day. The service uses an electronic system to record monitoring of temperatures. Daily records include fridge and freezer temperatures recordings in kitchen and storage areas. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen.</p> <p>Cleaning schedules are maintained, as evidenced on completed electronic records. Meals are served directly to residents from a bain-marie in the dining room, or taken to residents in other areas of the facility in "hot boxes". Residents were observed enjoying the social aspect of their meals. Staff were observed respectfully assisting residents with meals in the dining areas. Modified utensils are available for residents to maintain independence with eating as required.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback directly to kitchen staff who mingle with the residents daily post the lunch meal, at resident meetings, or via the resident survey process.</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</p>	<p>FA</p>	<p>Policy and procedures outline the process and required documentation for transfer and discharge, including transfer to a higher level of care. Discharge and transfer are generally planned processes that are communicated with residents and their family/whānau. Residents and their family/whānau are advised of</p>

<p>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>		<p>options to access other health and disability services, social support or Kaupapa Māori agencies, if indicated or requested. When residents are transferred to the public hospital, their family/whānau are informed. Relevant documentation is sent with the resident, including their medications, care needs, and next of kin details.</p> <p>Where residents wish to or need to be seen by another health service, a referral is made. Examples of this were seen in resident files, including referrals to Health New Zealand, wound specialists, and dietitian. The clinical coordinator explained a referral is sent with accompanying monitoring records and photos where appropriate. Residents attending external appointments are encouraged to be accompanied by their family/whānau. Any risks are communicated to the external health provider by the registered nurse and documented in the file.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. 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>	<p>PA Low</p>	<p>The building holds a BWoF Report and Declaration (B-RaD) whilst undergoing fire prevention work, with this valid until 31 July 2026. Plant and equipment are fit for purpose and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>There is a maintenance manager (interviewed) who works full time Monday to Friday. They oversee all maintenance within the facility. An additional maintenance person works one day a week. The maintenance person completes day to day repairs and planned maintenance. Essential contractors/tradespeople are available 24 hours per day and brought in when required. There is an electronic maintenance request system in place for repairs and maintenance requests. This is checked daily, prioritised and signed off when repairs have been completed.</p> <p>There is an annual maintenance plan that includes electrical testing and tagging. Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occur as per policy. Records reviewed evidenced acceptable temperatures. A corrective action plan was sighted for when anomalies had occurred, and</p>

		<p>temperatures were away from normal ranges. Calibration of medical equipment has occurred as planned.</p> <p>The building is a single level, with private nooks for residents to use for quiet times, a cinema, and library. There is outdoor furniture and shade available throughout the garden areas. The facility has wide corridors with handrails for residents to safely mobilise using mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The dementia unit is secure, with resident bedroom doors painted bright colours to aid familiarity for residents. The residents have free access to outdoor areas, which had been maintained to a high standard. The residents can loop around in a safe walkway, with easy entry and exits provided. Bathrooms, and service areas have vinyl surfaces.</p> <p>There are adequate storage areas for mobility equipment. All resident rooms are single occupancy and are spacious enough to allow residents to move about with mobility aids. Residents and family/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit. There is underfloor heating across the facility. All resident rooms have external windows and are well ventilated. The facility has plenty of natural light. All residents interviewed stated they were happy with the temperature of the facility. Furniture is arranged around to create a homely and welcoming environment. All resident bedrooms have a full ensuite. There are adequate toilets throughout the facility for staff and visitors. All rooms are of an appropriate size to allow care to be provided, and for the safe use and manoeuvring of mobility aids.</p> <p>The facility has two resident vans with current registration and warrant of fitness. The vans cannot accommodate wheelchairs, so the wellness leader is in the process of accessing a local mobility taxi. The need to ensure any future developments/ refurbishments have a co design approach to ensure changes reflect the aspirations and identity of Māori, is well known by the organisation.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies outline specific emergency response and evacuation requirements, as well as the</p>

<p>provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand. Fire evacuation drills are held six-monthly and were last completed in June 2025. High staff attendance was noted.</p> <p>Civil defence supplies are stored in identified cupboards and checked regularly. In the event of a power outage, emergency lighting provides sufficient lighting until the provider can access generators. There is a service agreement with a local contractor (sighted), that outlines in the event of a power outage, a generator of sufficient size to support the facility will be provided. The kitchen can provide basic support with gas hobs and a barbeque for cooking. There is adequate food supply available for each resident for minimum of three days. The provider has 450-litre tanks on site, providing sufficient water supplies to provide residents and staff with three litres per day, for a minimum of three days.</p> <p>Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Many residents use personal alarms. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of the maintenance audit. The residents were observed to have their call bells/pendants in close proximity.</p> <p>Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night by staff, with the main gates locking each evening automatically. Security lighting is in place, with some limited closed circuit television cameras (CCTV) in place in communal areas and externally. A contracted company provides two security patrols each evening, with one of these visits taking place inside the facility, where they check in with staff on duty. Family/whānau are informed of emergency procedures as part of the admission process for their relative.</p> <p>Staff confirmed an awareness of the process to follow, should an</p>
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		emergency event occur.
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection control and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system.</p> <p>The infection prevention and control programme is reviewed annually by Wellness and Care and then sent out to all villages for review before being completed. There is an infection control steering group with representatives from several villages, and they meet quarterly to support all villages. The Infection Control Steering group also feeds into the Clinical Governance Group. Infection control audits are conducted. Infection rates are presented and discussed at quality improvement, infection control, and staff meetings. Infection control data is also sent to support office where it is reported regularly at Board meetings. The data is also benchmarked with other Arvida villages. Results of benchmarking are presented back to the villages electronically and results discussed with staff. This information is also displayed on staff noticeboards. Infection control is part of the strategic and quality plans. Significant events are managed appropriately and receive the appropriate level of organisational support</p> <p>Olive Tree Rest Home has access to an infection control specialist from Health New Zealand and support from Head of Clinical Governance and Head of Clinical Quality. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons, and gloves available throughout the facility.</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.</p>	FA	<p>Two registered nurses hold the portfolio of infection prevention and control coordinators for Olive Tree Rest Home. The service has a pandemic response plan (including Covid-19), which details the preparation and planning for the management of lockdown, screening, transfers into the facility, and positive tests.</p>

<p>Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>The infection control coordinators have completed infection prevention and control related training for clinical staff through Health New Zealand (June 2025). There is good external support from the nurse practitioner, laboratory, Arvida Group support office, and Health New Zealand infection control nurse specialist. There is ample personal protective equipment (PPE). Extra PPE can be accessed as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines, and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by Arvida Group support office, in consultation with infection prevention and control coordinators. Policies are available to wellness partners. There are policies and procedures in place around reusable and single use equipment, and the service has incorporated monitoring through their internal audit process. Single use items are not reused.</p> <p>Although there were no Māori residents at the time of audit, interview with one of the infection prevention and control coordinators confirmed that the service would incorporate te reo Māori information around infection control for Māori residents, and work in partnership with Māori for the protection of culturally safe practices in infection prevention, that acknowledge the spirit of Te Tiriti.</p> <p>The resident's support plan guides wellness partners in what PPE to use for residents with infection, and where to dispose of PPE and other consumables. Alerts are on the resident management system for any current infections. The wellness partners confirmed they were familiar with signs and symptoms of possible infections related to residents, and explained how they will report to the registered nurses on duty. The infection prevention and control coordinator confirmed during interview a referral pathway to the nurse practitioner for any concerns.</p> <p>The infection control policy states that the Olive Tree Rest Home is committed to the ongoing education of wellness partners and residents. Infection prevention and control is part of staff orientation and included in the annual training plan (Altura). There has been additional training and education around Covid-19, and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed handwashing competencies. Resident meetings</p>
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		<p>provide an opportunity to keep residents informed and updated with infection related issues. Posters regarding good infection control practice were displayed in English and te reo Māori.</p> <p>The infection prevention and control coordinators are involved in the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products, with the support from the clinical manager and Arvida Group. The Head of Wellness, Head of Clinical Governance and/or Head of Clinical Quality provides consultation during the design of any new building or when significant changes are proposed to an existing facility and works in partnership with the cultural advisors.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort.</p> <p>Infection rates are monitored monthly and reported to the quality improvement, clinical and staff meetings as well as members of the Wellness and Care team. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Reports are collated from the electronic medication system. The infection prevention and control coordinators work in partnership with the nurse practitioner to ensure best practice strategies are implemented.</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</p>	FA	<p>The service has comprehensive infection prevention and control (IPC) policies and procedures that meet legislative and contractual requirements. These cover cleaning, laundry, and waste management practices. Staff receive training on infection prevention and control during orientation and annually, including hand hygiene, and donning and doffing of personal protective equipment (PPE).</p> <p>The quality and risk management system incorporates scheduled audits of PPE stock levels and outbreak readiness. These audits have been completed on time, with corrective actions documented and</p>

<p>an equity focus.</p>		<p>implemented where required. Wellness partners confirmed access to adequate PPE supplies and demonstrated understanding of infection control practices.</p> <p>The surveillance programme is appropriate to the size and complexity of the service. Monthly infection data is collected based on signs, symptoms, and standard definitions of infection, and entered into the electronic risk management system. A monthly summary is prepared, which includes organism-specific data. Surveillance reports are reviewed at quality improvement, clinical and infection control meetings. Review of resident records confirmed corrective actions being implemented for any infections of concern.</p> <p>Olive Tree Rest Home records ethnicity data on admission, which is incorporated into infection surveillance methods. Ethnicity data analysis is carried out at Arvida Group level to support equity monitoring and service improvement. The electronic system generates infection alerts when residents have an infection, ensuring staff are aware of potential risks. Open disclosure processes are followed, with residents and their family/whānau informed of infections as they occur.</p> <p>There have been two Covid-19 outbreaks reported since last audit. These occurred in November 2024 and June 2025. The outbreaks were well documented, with debrief meetings identifying what went well and areas of improvement for future outbreak management. The outbreaks were well managed and reported appropriately.</p> <p>Resident meetings provide an avenue for raising and discussing infection-related concerns. Staff are required to refrain from work when unwell with an infection, and visitors are asked not to visit if symptomatic.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste management. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material safety data sheets were displayed in the laundry and cleaning areas. Cleaning products were in labelled bottles. All cleaning is completed by designated housekeeping staff. Staff ensure that trolleys are safely</p>

<p>decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>stored when not in use. A sufficient amount of PPE was available, which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE.</p> <p>There are sluice rooms in each area, with sanitisers and separate handwashing facilities. Cleaning guidelines are provided to meet the needs of the facility and updated as changes are required. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning.</p> <p>Linen and personal clothes are laundered on site by laundry staff seven days a week, with wellness partners on the afternoon shifts washing the towels and linen on their shift. The laundry is delivered to the laundry in colour coded leak proof bags using linen skip trolleys. The locked laundry area, located within the dementia unit, is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents daily. Washing temperatures are monitored and maintained to meet safe hygiene requirements. All the staff have received training and documented guidelines are available.</p> <p>Environmental, cleaning and laundry services are monitored through the internal auditing system and overseen by the infection prevention and control coordinators. The washing machines and dryers are checked regularly by an external contractor. Staff interviewed, demonstrated awareness of the infection prevention and control protocols. Residents and family/whānau interviews confirmed satisfaction with cleaning and laundry processes.</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>The organisation and service is committed to providing services to residents without the use of restraint. The policy describes that any use of restraint is minimised and only used if the safety of the resident is compromised, and all alternatives have been explored. At the time of audit, there was one resident using a bed rail restraint. Policy and procedure are comprehensive and guide staff to maintain a resident centred approach to maintaining resident care in the least restrictive manner as possible. The resident's file was reviewed and all documentation relating to the restraint evidenced policy and procedure had been consistently followed. The review of</p>

		<p>documentation and discussion with the restraint coordinator outlined the interventions in place to ensure the restraint in use is only for a limited time each day. The family/whānau involvement was clearly documented.</p> <p>Olive Tree ensures all meetings are held, and the consultation process in place means that the voice of any resident or family member is heard. The restraint coordinator (registered nurse) described the focus on working towards restraint elimination. This includes a significant quality initiative to reduce their numbers of restraint. This has been as a result of purchasing new equipment (hospital beds with half bed rails, specialist care chairs, sensor mats); broadening the education delivered for all staff regarding restraint alternatives; intentional rounding for all residents assessed as being a falls risk, or had an increase in their acuity; ongoing audits regarding call bell response times; and tool box discussions if response times were identified as not meeting timeframes.</p> <p>Restraint was understood by the staff interviewed who also described their commitment to eliminating restraint. A registered nurse is the restraint coordinator. There is a job description in place that outlines the role. Staff have been educated in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the ongoing education programme. Restraint protocols are covered in the orientation programme for new staff. The clinical coordinator and nurse practitioner would be responsible for the approval of any restraints in the future.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions,</p>	<p>FA</p>	<p>A restraint register is maintained. The file of the one resident (hospital) was reviewed. The restraint assessment addresses alternatives to restraint before restraint is initiated, including intentional rounding. The resident was using restraint as a last resort to promote security to aid sleep. Written consent was obtained from the resident, the EPOA, the nurse practitioner and was reviewed three-monthly.</p> <p>Monitoring forms are completed for the resident using restraint, and</p>

<p>and only use approved restraint as the last resort.</p>		<p>review of the resident's records confirmed that they have been completed as scheduled. The bed rails are in place each night shift only. All restraints are to be monitored half hourly. Monitoring takes into consideration the resident's cultural, physical, psychological, spiritual, and psychosocial needs. Māori staff are available as required for advice regarding cultural aspects of the restraint.</p> <p>Restraints are regularly reviewed and discussed at facility meetings. The formal documented review of restraint use takes place six-monthly as part of the internal auditing process, with the last review conducted in July 2025, with results demonstrating compliance with expected standards.</p> <p>The Restraint Elimination policy clearly describes the situations when emergency restraint may be used. There is a procedure that guides authorisation, consent, and documentation requirements. A debrief process is in place that covers the reason for emergency restraint, outcome and includes corrective actions to prevent recurrence, and involves key staff including the resident and or family/whanau.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The restraint coordinator, clinical manager, and clinical coordinator (restraint committee) complete a three and six-monthly review of all restraint use, which includes all the requirements of the Standard as listed in 6.3.1. The outcome of the review is reported to the restraint steering committee, who then report to clinical governance group and the governance body. Any changes to policies, guidelines, education, and processes are implemented if indicated.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples’ cultures and supports cultural practices.</p>	PA Low	<p>Discussion with the village manager, maintenance manager and review of documentation evidenced that the facility has a B-RAD in place whilst undergoing fire prevention work. There is a comprehensive health and safety plan to ensure work carried out is done so safely, and residents and staff safety is not compromised. This was witnessed on days of audit, as work was in progress during the audit period.</p>	<p>The facility has a B-RAD in place whilst undergoing fire prevention work and does not currently have a current building warrant of fitness.</p>	<p>Ensure a building warrant of fitness is in place.</p> <p>365 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	CI	<p>The nursing team at Olive Tree Rest Home has increasingly comprised of Internationally Qualified Nurses (IQNs). The service recognised that despite meeting the Nursing Council of New Zealand’s language and cultural competency requirements, and demonstrations of strong clinical skills, that many nurses experienced a gap between their expectations of the New Zealand workplace and its realities. This gap was reflected in communication challenges with colleagues, residents, and family/whānau, that extended beyond language to include differing cultural perspectives and workplace norms.</p> <p>The service partnered with an established New Zealand organisation specialising in strategy, coaching, and leadership development, to design a tailored educational programme to address identified needs. These needs included recognising</p>	<p>A be-spoke programme has been developed to support internationally qualified nurses (IQNs) working at Olive Tree Rest Home, transitioning into New Zealand’s aged care nursing by strengthening their confidence, competence, and cultural understanding. Pre-programme interviews by managers with four IQNs highlighted key challenges, including adapting to local healthcare systems, overcoming communication barriers, understanding cultural norms, and integrating into diverse teams.</p> <p>In response, the programme focused on five development themes: courage; communication; clinical competence; collaboration; and cultural competence. The programme was delivered by an established New Zealand organisation across two workshops in April and May 2025. It combined interactive learning, reflection, and practical tools.</p>

		<p>that cultural safety involves more than understanding of language or customs, and should also include a self-awareness of one's own cultural lens, and the ability to engage respectfully with others.</p>	<p>Between the two workshop days, the IQNs had practical application of concepts learnt as part of their day-to-day work at Olive Tree Rest Home.</p> <p>Evaluation results showed all objectives were achieved, with 99% of the IQNs reporting significant growth across all key areas, and 100% feeling confident to apply their learning at work. IQNs valued the supportive environment, practical tools, and opportunities to build meaningful professional relationships. The programme demonstrated measurable impact in improving communication, teamwork, and cultural responsiveness among IQNs, which in turn contributed to a more confident, skilled, and inclusive aged care workforce.</p> <p>Although measures of improvement in employee engagement and resident satisfaction with communication with the team will be next measured in upcoming independent surveys, an interview with IQNs (on the day of the audit) who had completed the programme confirmed how the training has empowered them to have courageous conversations, improved their teamwork, and manage health emergencies with confidence. Residents and family/whānau interviewed confirmed that there was effective communication from the nurses, and they were responsive to any concerns raised.</p>
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End of the report.