

G&M Wellbeing Limited - Dominion Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	G&M Wellbeing Limited	
Premises audited:	Dominion Home	
Services audited:	Dementia care	
Dates of audit:	Start date: 23 October 2025	End date: 24 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:	27	

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Dominion Home is part of G&M Wellbeing Limited and provides dementia level of care for up to 29 residents. There were 27 residents on the day of audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services 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 family/whānau, management, staff, and a general practitioner.

The facility manager is supported by a clinical manager, and a team of experienced staff.

There are quality systems and processes being implemented. Feedback from families/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 surveillance audit identified an area for improvement related to review of the 24-hour activities plans.

Ō tātou motika | Our rights

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



Subsections applicable to this service fully attained.

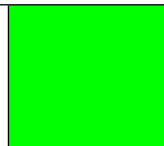
There is a Māori health plan in place. The service recognises Māori mana motuhake and this is reflected in the Māori health plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Staff demonstrated an understanding of resident's rights and obligations, and ensures residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances.

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

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

Dominion Home has a business plan that includes mission and values statements and operational objectives that are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

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

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

Ngā huarahi ki te orange | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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The facility manager and clinical manager assess, plan, and review residents' needs, outcomes, and goals with family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner, and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements, and were reviewed at least three-monthly by the general practitioner.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. Snacks are available 24/7.

All residents' transfers and referrals are coordinated with residents and families/whānau.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

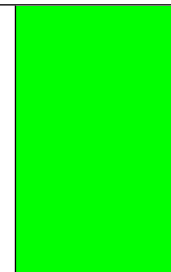


Subsections applicable to this service fully attained.

The building holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated. There have been no changes to the facility since the last audit.

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

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



Subsections applicable to this service fully attained.

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

Surveillance data is collated using standardised surveillance definitions. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Surveillance information is used to identify opportunities for improvements. There have been no outbreaks reported since the last audit.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator is the clinical manager. The facility had no residents using restraints at the time of audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

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	17	0	1	0	0	0
Criteria	0	49	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. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The Māori health plan and cultural safety policies acknowledge Te Tiriti o Waitangi as a founding document for New Zealand. The policy encourages family/whānau involvement in assessment and care planning, and visiting is supported, as evidenced during interviews with five family/whānau, including a family/whānau member who is also the Māori family representative.</p> <p>Dominion Home respects the self-determination, cultural values, and beliefs of Māori residents and family/whānau. Māori mana motuhake is recognised and residents are supported to make choices around all aspects of their lives where possible, verified during interview with staff (two healthcare assistants, a cleaner, the clinical manager, maintenance manager, and facility manager). Individual care plans for residents who identify as Māori reflect their individual needs. Activities for residents, including Matariki celebrations, have been held and the staff are encouraged to learn te reo Māori. Residents (if able) and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p>	FA	<p>Dominion Home has a Pacific people's policy, which is underpinned by the Health NZ Pacific Health and Wellbeing Plan. The policy encompasses the Pacific worldviews, and the need to embrace their cultural and spiritual</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>beliefs. There is a cultural safety policy that aims to uphold the cultural principles of all residents, and to provide an equitable service for all. The service has established links with Pacific organisations through their Pacific staff.</p> <p>All residents state what their ethnicity is on admission, and this is recorded. There were residents who identified as Pasifika on the day of the audit. The facility manager advised that family members of Pacific residents are encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs are documented for all residents in their care plan and activities plan.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is displayed in English, te reo Māori and several other languages such as Chinese, Malay, and Portuguese. The Code is included in welcome packs in the language most appropriate for the resident, to ensure they are fully informed of their rights. The facility manager and clinical manager described an understanding of the Code and their responsibilities in respect of ensuring resident rights are met. Staff interviewed were also familiar with the Code and have completed training around the Code within the last year.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Dominion Home policies describe how to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. The facility manager reported staff are held responsible for creating a positive, inclusive and a safe working environment. There were no incidents sighted that reported any abuse or discrimination. Cultural diversity is acknowledged. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances.</p> <p>Staff at Dominion Home are trained in and are aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff interviewed demonstrated an understanding of professional boundaries. Interviews with family/whānau confirmed that staff acted in a way that maintained professional boundaries.</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>A policy that guides informed consent is in place. Five resident files reviewed included informed consent forms signed by the resident's Enduring Power of Attorney or Welfare Guardian. Family/whānau interviewed could describe what informed consent was and their rights around choice. Family/whānau confirmed choices regarding their family/whānau members wellbeing is respected. Discussions with staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and providing personal care.</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 entry to the service. Complaint forms are located at the entrance and is visible in the facility. 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 the Nationwide Advocacy Service. The Code and complaints process is visible, and available in te reo Māori, and English, and a range of other languages.</p> <p>A complaints register is maintained which includes all complaints, dates and actions taken. There have been two internal complaints logged on the register since the last audit, and these were appropriately investigated and closed off when completed. There has been one complaint from the Health and Disability Commission (HDC) submitted in 2023. The service has followed up with HDC and were informed the matter was being considered by an assessor.</p> <p>Interviews with the facility manager and clinical manager and documentation reviewed demonstrated that complaints are managed in accordance with guidelines set by the HDC. Discussions with family/whānau confirmed they</p>

		<p>were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly.</p> <p>There are information and resources for Māori available that can be accessed by staff, which assists Māori residents and family/whānau in the complaints process. Contact details for interpreters are available. The facility manager and clinical manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Dominion Home is part of G&M Wellbeing Limited. Dominion Home provides dementia level of care for up to 29 residents. There are three double rooms; two had double occupancy at the time of the audit. There were 27 residents at the time of the audit, with four under the long-term support chronic health contract (LTS-CHC). All the remaining residents were on the aged related residential care contract (ARRC). There were no residents on respite care.</p> <p>Dominion Home has a business plan (2025) in place, which links to the G&M Wellbeing Limited's vision, mission, values, and strategic direction. Specific business goals are documented to manage and guide quality and risk and are reviewed at regular intervals. The Dominion Home business plan was reviewed last in July 2025.</p> <p>The service is owner operated. The owners work in the facility as the facility manager (registered nurse) and maintenance manager; noting that the owner, who was the registered nurse for the facility, has moved into the facility manager role following the resignation of the previous FM. A clinical manager (registered nurse) has been appointed and has been in post for three months. The clinical manager has experience in aged residential care including dementia services.</p> <p>The facility manager (interviewed) has business experience and understands their responsibility in the implementation of the Ngā Paerewa Health and Disability Services Standard and explained their commitment to Te Tiriti o Waitangi obligations. The obligation to proactively help address barriers for Māori and to provide equitable health care services is documented in the business plan. The Māori health plan reflects a leadership commitment to collaborate with Māori and aligns with the Ministry of Health strategies. The facility has built a relationship with Ngāti Whātua to support with any capability</p>

		<p>gaps at governance level as required. Clinical governance is supported by the facility manager (registered nurse) and the clinical manager, who incorporate processes and outcomes as part of the management meetings and strategies. The clinical governance programme is suitable for the size of the service.</p> <p>The owners directly oversee the implementation of the business and quality plans at Dominion Home. They meet regularly to discuss progress on quality data, escalated complaints, human resource matters, and occupancy. Both owners are full time. The clinical manager and a team of healthcare assistants support the facility manager. The clinical manager provides clinical oversight of the service provision at Dominion Home. The on-call cover is shared on rotation between the facility manager and clinical manager.</p> <p>The facility manager has completed more than eight hours of professional development in the last 12 months related to managing a rest home, and looking after the older person.</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>Dominion Home is implementing a quality and risk management programme that is risk based. The facility manager and clinical manager implement the programme with the support of the wider healthcare team. The expectation is that all staff participate in the quality programme.</p> <p>The quality system is a combination of paper based and electronically generated reporting. Performance is monitored through internal audits and collection of clinical indicator data. Staff meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control; complaints; staffing; and education. Opportunities are discussed to minimise risks/ non-conformities identified. Corrective action plans are identified and well documented. Staff meetings are taking place as planned to address service improvements (minutes reviewed). Quality data and trends captured in minutes are posted on a noticeboard. Internal audits were completed as scheduled, and staff were informed of the outcome at the staff meetings.</p> <p>Family/whānau meetings have occurred as scheduled since the last audit, and this provides an opportunity to obtain feedback on the service being provided. The family/whānau survey has been completed for 2025, with minor issues identified in respect of laundry management, which is an outsourced service. The facility manager reported making attempts to address issues</p>

		<p>raised with the current external provider. The family/whānau survey indicated that staff provided care that was always respectful. Results of the satisfaction survey were discussed with staff (minutes of the staff meeting confirmed that this had occurred), and with family/whānau. This was verified by family/whānau during interview.</p> <p>A health and safety system is in place. The facility manager is the health and safety officer. Health and safety matters are discussed at meetings. Hazard identification forms are completed, and an up-to-date hazard register were reviewed. The noticeboards in the nurses' station keep staff informed on health and safety issues. Health and safety training begins at orientation and continues annually.</p> <p>Incident reports are completed electronically for each resident incident. The incidents include resident ethnicity. Incident data is collated monthly and analysed comparing month-on-month data to determine trends. Results are discussed in the staff meetings. Incident data is collated monthly, and trends are analysed. The service documents SAC ratings (that aligns with the National Adverse Events Reporting Policy). All the eight incidents reviewed were rated as either SAC 3 or SAC 4. There is documented evidence that immediate action has been taken, with any follow-up action(s) required.</p> <p>Discussions with the facility manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications, including any Section 31 reports to HealthCERT, and any SAC reports to the Health Quality and Safety Commission.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-</p>	FA	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery and defines staffing ratios to residents. Rosters implement the staffing rationale. The facility manager and clinical manager work full time from Monday to Friday. The clinical manager is on call Monday to Friday, and the facility manager (registered nurse) is on call Saturday to Sunday. A review of three weeks of rosters provided evidence that shifts are covered if there are unexpected absences. Staffing requirements and occupancy are discussed as part of the management and staff meetings. There are separate cleaning staff and laundry is outsourced. Staff interviewed stated that the staffing levels are adequate for the resident needs, and that the facility manager and clinical manager provide good support. Family/whānau members interviewed</p>

<p>centred services.</p>		<p>reported that there are adequate staff numbers to attend to residents.</p> <p>There is an annual education and training schedule completed for 2024, and one being implemented for 2025. The training programme exceeds eight hours annually. The education and training schedule lists compulsory training, which includes culture, including Treaty of Waitangi; the Code; pressure injury; restraint (de-escalation); complaints; medication management; and manual handling. There is an attendance record maintained. Competencies are completed as part of the education and training schedule and include handwashing, health and safety, and restraint.</p> <p>There is at least one staff member on each shift with first aid training. The facility manager and clinical manager ensure healthcare assistants who administer medications have annual competencies completed. All HCAs are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications. Six of the thirteen healthcare assistants working in the home have completed the required standards; three are completing their final paper, and four have been enrolled (they have been employed in the last 18 months).</p> <p>The clinical manager is supported to maintain their professional competency. At the time of the audit, the facility manager and clinical manager were interRAI trained.</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>Five staff files reviewed (maintenance manager, cook, and three healthcare assistants) included evidence of completed orientation, training and competencies on file. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. There is an appraisal policy and appraisal schedule. All staff who have been in employment for more than 12 months had an annual appraisal completed.</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 healthcare assistants to provide a culturally safe environment to Māori.</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>PA Low</p>	<p>Five dementia level care resident files were reviewed for this audit (including one resident funded under LTS-CHC contract). The facility manager and clinical manager are responsible for conducting all assessments and for the development of care plans.</p> <p>All residents have initial assessments completed that inform an interim plan that is completed at time of admission. All initial assessments and interim care plans were signed and dated. InterRAI assessments were completed within the stated timeframes of the contract (inclusive of the LTS-CHC resident). Six-monthly reassessments were completed on time. Electronic long-term nursing care plans had been completed. Care plans had been evaluated within the required six-month timeframe. Evaluations stated progress against the set goals. Care plans have been updated when there were changes in health condition and identified needs. The care plan is holistic and aligns with the service's model of person-centred care. Challenging behaviour is assessed when this occurs and recorded in electronic monitoring format. There is specific cultural assessment as part of the social and cultural plan. All residents had evidence of an individualised 24/7 activities plan; however, these had not been evaluated at regular intervals.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission, and the general practitioner reviews each resident at least three-monthly. There are GP visits weekly, as and more often when required. There are afterhours GP on-call services. The facility manager and clinical manager are available for on-call advice. When interviewed, the GP expressed satisfaction with the standard of care. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The physiotherapist attends as required. A podiatrist, dietitian, speech language therapist, occupational health therapist, continence advisor, Health NZ wound care specialist nurse, and specialists from the Mental Health for Older Adults service who are available as required.</p> <p>Healthcare assistants interviewed stated there is a handover at the beginning of each duty that maintains a continuity of service delivery (sighted). Progress notes are written daily by the healthcare assistants. The clinical manager further adds to the progress notes if there are any incidents, GP visits, or changes in health status, as seen in resident records.</p>
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		<p>Family/whānau interviewed reported the resident's needs and expectations were being met and they were involved in the development of the care plan. When a resident's condition alters, the clinical manager initiates a review with the GP. Family/whānau or EPOA interviewed stated they were notified of all changes to health, including infections, accident/incidents, GP visits, and medication changes.</p> <p>There was one resident with a laceration at the time of the audit. The clinical manager described the wound management process. The wound plan was reviewed, and the assessments and reviews had been completed in a timely manner, and documentation shows that the wound is healing. The GP and family had been notified. There were no other wounds at the facility at the time of audit.</p> <p>Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources. Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; behaviour; and toileting regime. Neurological observations have been completed for unwitnessed falls and suspected head injuries according to the facility policy. Family/whānau were updated following incidents reviewed. Opportunities to minimise future risks are identified by the registered nurse/CEO, in consultation with the staff.</p> <p>Short-term care plans are utilised for issues such as infections, weight loss, and wounds, and are signed off when resolved or moved to the long-term care plan.</p> <p>A range of equipment and resources were available and suited to the level of care provided and in accordance with the residents' needs. The residents and family/whānau interviewed were very happy with the care provided and the support they received.</p> <p>The staff interviewed confirmed they understood the process of supporting residents and family/whānau when required.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. Healthcare assistants who administer medications</p>

<p>safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>have been assessed for competency on an annual basis. The clinical manager and facility manager are also assessed annually. Education around safe medication administration has been provided in September 2025.</p> <p>Staff were observed to be safely administering medications. The medication competent healthcare assistants interviewed could describe their role regarding medication administration. The service currently uses robotics packs. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored appropriately. The medication fridge and medication room temperatures are monitored daily, and temperatures were seen to be within an acceptable range. Medications with a short shelf life are dated on opening.</p> <p>Ten electronic medication charts were reviewed. The medication charts sampled identified that the GP had reviewed all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, and the effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There were no residents self-administering medication; however, there are appropriate policies and guidelines available to guide staff should this change. Vaccines are not kept on site. Standing orders are not in use.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health</p>	<p>FA</p>	<p>The current menu was reviewed by a registered dietitian in May 2025. Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The facility manager reported the kitchen accommodates residents’ requests. This was confirmed during interview with family/whānau.</p> <p>There is a verified food control plan that expires 31 March 2026. Snacks are</p>

and wellbeing.		available 24/7.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the family/whānau and other service providers to ensure continuity of care. The facility manager and clinical manager explained the transfer between services includes a comprehensive verbal handover, and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Dominion Home and comply with legislation relevant to the services being provided. The dementia unit is secure and provides a safe environment for residents to walk internally and externally. The environment is inclusive of people's cultures and supports cultural practices.</p> <p>The current building warrant of fitness expires 27 September 2026. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected range.</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</p>	FA	<p>There are infection prevention policies and procedures being implemented. The infection control programme is reviewed, evaluated, and reported on annually. This was verified during interviews with the facility manager (who is also part of the governance body).</p>

<p>infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. 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 policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed infection control in-services such as handwashing and personal protective equipment. Resident education occurs as part of the daily cares. Family/whānau are kept informed and updated as required.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is described in the Dominion Home infection control manual. The surveillance programme is appropriate for the size and complexity of the service. Infection surveillance is the responsibility of the infection prevention coordinator (FM). Infections are entered into the electronic resident system, with monthly collation and analysis of infections completed by the infection prevention coordinator. Any trends are identified, and corrective action plans implemented. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at the management and monthly staff meetings (minutes sighted). Staff have received infection prevention and control related training, including handwashing and outbreak management. Internal infection control audits are completed, with corrective actions for areas of improvement. There have been no outbreaks since the previous audit.</p>
<p>Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. 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 service remains restraint free, and the facility manager reports that maintaining a restraint-free environment is the aim of the service. Policies and procedures meet the requirements of the standards. The clinical manager is the designated restraint coordinator and takes responsibility for the restraint elimination strategy and for monitoring any restraint use should this occur. Systems are in place to ensure restraint use is reported through to the management and staff meetings and to governance level. There were no residents using restraint at time of audit. Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be</p>

		<p>the least restrictive as possible. Restraint is included as part of the orientation for staff and is completed annually through the education plan, which incorporates least restrictive practice, cultural interventions, and de-escalation techniques. Restraint minimisation and behaviour management training was last delivered August 2025.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person’s care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different</p>	PA Low	Long-term care plans are developed based on assessed need. Activities and cultural assessment are included as an integral part of the care planning process.	In the four files reviewed, individualised 24-hour activity plans had been developed; however, these had not been evaluated and updated at regular intervals.	<p>Ensure individualised 24-hour activity plans are evaluated at least six-monthly.</p> <p>90 days</p>

from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.				
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.