

Phantom 2021 Limited - Ashlea Grove 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: Phantom 2021 Limited

Premises audited: Ashlea Grove Rest Home

Services audited: Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 16 October 2025 End date: 17 October 2025

Proposed changes to current services (if any): A reconfiguration letter dated 10 July 2024 notified HealthCERT of intention to reconfigure two single occupancy dementia care rooms, into double occupancy dementia care rooms, and converting a current office space into a single occupancy dementia care room. This resulted in a change in bed numbers to 40. The 20 rest home care beds remain the same, and the dementia beds increased from 17 to 20. There are now four shared rooms in the dementia unit.

Total beds occupied across all premises included in the audit on the first day of the audit: 32

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

Ashlea Grove Rest Home is one of four facilities owned by Phantom 2021 Limited. Ashlea Grove Rest Home is certified to provide rest home and dementia level of care for up to 40 residents. There were 32 residents on the days of audit.

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

The facility manager oversees business and non-clinical operations of Ashlea Grove Rest Home. The clinical operations of Ashlea Grove Rest Home are overseen by an experienced clinical lead (registered nurse), who are supported by experienced caregivers. Residents and family/whānau interviewed responded positively about the care and support.

This audit identified that the service meets the requirements of the Ngā Paerewa Standard.

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.



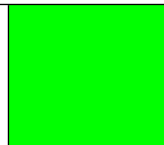
Subsections applicable to this service fully attained.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld.

Ashlea Grove Rest Home has connections with local iwi and has a Māori health plan documented. A Pacific health plan is in place to ensure culturally appropriate services for Pacific residents. Staff receive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, enhancing their understanding of accessibility barriers. The informed consent process is well understood and implemented by staff. Complaint processes are equitable, with complaints promptly resolved in collaboration with family/whānau.

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.

There is a documented business plan, mission, philosophy, and objectives. There is an implemented quality and risk management system, with internal audits and meetings occurring as scheduled. Human resources policies cover recruitment, selection, orientation, and staff training and development. A thorough induction programme provides new staff with essential information for safe work practices. An in-service education/training programme addresses relevant aspects of care and support, and external training is supported.

The staffing policy meets contractual requirements and ensures appropriate skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet residents' needs.

The service ensures the secure, accessible, and confidential collection, storage, and use of residents' personal and health information.

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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Ashlea Grove Rest Home has an admission pamphlet available prior to, or on entry to the service. Admissions are managed by the facility manager and the registered nurse at admission. The registered nurse assesses, plans and reviews residents' needs, outcomes, and goals. The care plans demonstrated individualised care.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service.

Medication policies reflect legislative requirements and guidelines. The registered nurse and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were 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 were being met. The service has a current food control plan. Nutritious snacks are available 24 hours a day.

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current building warrant of fitness certificate. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. There are four shared rooms, and all other rooms are single. Rooms are personalised. A maintenance plan is maintained.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. All staff members have current first aid certificates. The dementia unit is secure.

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.
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The infection prevention and control and antimicrobial stewardship programmes are tailored to the service's size and complexity, approved by the external consultant and directors and integrated into the quality improvement system. There is a documented pandemic and outbreak response plan. The facility has adequate resources and personal protective equipment, and staff are appropriately trained.

The registered nurse oversees infection surveillance, sharing infection control data with staff, and ensures that the nurse practitioner and external consultant recommendations are implemented. Policies and processes for managing waste, infectious, and hazardous substances are confirmed through document review and staff interviews. The effectiveness of laundry and cleaning processes is monitored via the internal audit system and ongoing management observations.

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.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the clinical lead/registered nurse, who are the operations manager and registered nurse. There are currently no restraints. Use of restraints would only be considered as a last resort, only after all other options are explored. Education is provided to staff around restraint minimisation, de-escalation, and challenging behaviour. A restraint register is maintained.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>There is a Māori health plan and policy that describes the Māori perspectives of health and a commitment to Te Tiriti o Waitangi. Ashlea Grove Rest Home has established connections with local iwi and obtain cultural advice from their external consultant.</p> <p>The business plan reviewed evidenced leadership commitment to ensure all aspects of service delivery is culturally safe. The recruitment policy includes provision of an equitable recruitment process. The facility manager confirmed in interview that the service supports a Māori workforce through an equitable recruitment process. There were staff identifying as Māori at the time of the audit.</p> <p>There were residents identifying as Māori at the time of the audit. Staff received training on Te Tiriti o Waitangi, Māori health policy, tikanga practices and te reo Māori. Self-determination, cultural values, and beliefs of Māori residents and family/whānau are documented in the resident care plan. All staff have access to relevant tikanga guidelines. Te reo Māori is encouraged to be used in general conversations. Interviews with four managers (facility manager, maintenance manager and two directors) and eight staff (a clinical lead/registered nurse [RN], four caregivers, one cleaner, one activities coordinator, one chef) confirmed that mana motuhake is</p>

		respected and they are well-equipped to deliver equitable services.
<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>	FA	<p>There is a Pacific health plan in place, which documents care requirements for Pacific peoples to ensure culturally appropriate services. The plan includes the Fonofale model of care for use with Pacific peoples. Engagement with Pacific communities is facilitated by the facility manager and activities coordinator. The external consultant included their own Pacific links when the Pacific health plan was developed. Ethnicity information and Pacific people's cultural beliefs and practices that may affect the way in which care is delivered, is documented on admission to the service.</p> <p>Interviews with the facility manager and the staff confirmed that they understood the equity issues faced by Pacific peoples, and can access guidance from people within the organisation around appropriate care and service for Pasifika. There are equitable recruitment and education processes to recruit and upskill Pacific staff.</p> <p>At the time of the audit, there were no residents who identified as Pasifika.</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 Code of Health and Disability Services Consumers' Rights (the Code) is displayed on posters and brochures available in te reo Māori on entry to the facility. Brochures on the Code and the Nationwide Health and Disability Advocacy Service are also available.</p> <p>Interviews with five rest home residents and four family/whānau (one rest home and three dementia care), and staff confirmed that staff are respectful and considerate of residents' rights in line with the Code. The facility manager confirmed the involvement of independent advocacy when required. Regular resident meetings provide a valuable platform for residents to voice their preferences regarding various aspects of the home, including food and activities. The meeting minutes evidenced residents' wishes are conveyed to management. Documented evidence shows that the service follows up on raised issues. The service actively supports and encourages</p>

		<p>family/whānau engagement and welcome visits.</p> <p>Residents and family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service, and were provided with opportunities to discuss and clarify their rights.</p> <p>The facility manager affirmed their commitment to respecting and upholding Māori autonomy and mana motuhake, which was confirmed by staff interviewed and files reviewed.</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>Resident file reviews and interviews with staff, residents and family/whānau confirmed that Ashlea Grove Rest Home is inclusive of each resident's identity, including their values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics. Staff were observed to maintain privacy throughout the audit. There are four shared rooms in the dementia unit; the rooms have privacy curtains to maintain privacy of the individuals. Consent is provided by family/whānau. Care plans included respect for advance directives and personal wishes, as well as efforts to promote independence. Residents affirmed that their personal priorities are supported, which was observed during the audit and reflected in individualised care plans.</p> <p>In interviews, staff demonstrated their understanding of the principles of Te Tiriti o Waitangi and how to apply these in their daily work. Māori language is prominently featured in the facility's signage and posters, including the activities programme. Management is committed to respecting and upholding Māori autonomy, language and mana motuhake.</p> <p>Māori cultural days are celebrated and include Matariki and Māori language week. Staff received training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori. A policy is documented to include guidelines in relation to choice of</p>

		<p>sexuality and with training provided to staff part of the education schedule. Staff were observed to use person-centred and respectful language with residents. Spiritual needs are identified, church services are held, and spiritual support is available. The RN and caregivers interviewed explained how the service meets the residents' cultural and spiritual needs.</p> <p>Te reo Māori signage was visible throughout the facility, and staff have access to the Māori health plan, which they reference and implement regularly in their daily activities.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff demonstrated a clear understanding of the service's policy on abuse and neglect, including the appropriate actions to take if any signs were observed. The audit found no instances of discrimination, coercion, or harassment in staff, resident, or family/whānau interviews, or in the reviewed documentation.</p> <p>Staff sign a code of conduct upon commencing employment. Staff demonstrated an understanding of what Te Tiriti o Waitangi means to their practice. Residents interviewed reported that their property is respected, and professional boundaries are consistently maintained.</p> <p>Internal audits of the Code of Rights and cultural values were conducted to ensure compliance. The results confirmed that residents' needs are being met, with audit reports showing full compliance in these areas. Additionally, the staff satisfaction survey revealed high levels of satisfaction with communication, a safe work environment, and the absence of a bullying culture. Interviews with staff and management confirmed their commitment to fostering a positive, inclusive, and safe working environment. They are encouraged to address issues of racism and acknowledge their own biases, ensuring a supportive and equitable workplace. Staff interviewed expressed confidence in raising concerns about institutional and systemic racism, knowing that such concerns would be addressed. A strengths-based and holistic model of care is implemented, ensuring wellbeing outcomes for Māori is achieved when in care.</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. 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 related to the service and what to expect when entering the service is provided to family/whānau on admission. Non-subsidised residents' family/whānau are advised in writing of their eligibility and the process to become a subsidised resident, should they wish to do so. Family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>Residents and family/whānau interviewed provided positive feedback, noting that communication is open and effective, and they felt listened to. They expressed the ability to raise concerns with staff and management and consistently felt heard and understood.</p> <p>A review of a sample of adverse event forms confirmed that family/whānau were notified of any events or incidents. The contact details for family/whānau and the Enduring Power of Attorney (EPOA) are kept current, with a secondary contact noted when the EPOA was unavailable. A nurse practitioner (NP) interviewed confirmed timely communication and appropriate follow ups.</p> <p>A review of quarterly residents' meeting minutes confirmed that residents can raise issues with staff and management. These concerns are followed up, and any issues are addressed promptly. Information is provided to residents and family/whānau on admission.</p> <p>The registered nurse described an implemented process around providing residents and family/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. The delivery of care includes a multidisciplinary team and family/whānau are communicated to regarding services involved.</p> <p>Staff interviewed could explain the communication strategies with two residents that could not speak fluent English. Ashlea Grove Rest Home has access to interpreter services and cultural advisors/advocates when required.</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>Informed consent processes are discussed with residents and family/whānau on admission. Resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management, and medical cares are included and signed as part of the admission process. Specific consent has been signed by the resident or their enduring power of attorney (EPOA) for procedures such as influenza and Covid-19 vaccines, and other clinical consents. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' file and is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity is on file, as seen in the files reviewed.</p> <p>Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the nurse practitioner has made a medically indicated resuscitation decision. There is documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their family/whānau. Discussions with the caregivers and a registered nurse confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around the Code, including informed consent.</p> <p>The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care. The registered nurse, operations manager and duty manager have a good understanding of the organisational processes to ensure Māori residents involve the family/whānau for collective decision making. Support services for Māori are available.</p>
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<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 facility manager interviewed stated they include residents and family/whānau in decision making. A complaints file is maintained, which contains all appropriate documentation.</p> <p>There have been three complaints documented since the last audit. Documentation and resolution letters were reviewed. There is a process in place to manage complaints in accordance with the guidelines set by the Health and Disability Commissioner (HDC). The documentation reviewed evidence that complaints are resolved to the satisfaction of the complainants and then closed off.</p> <p>The complaints process links to the advocacy service. There were no complaints from external agencies since the previous audit.</p> <p>The welcome pack includes comprehensive information on the process for making a complaint. Interviews with residents and family/whānau confirmed they have been provided with information on the complaints process. Complaint forms are easily accessible at the entrance to the facility.</p> <p>The complaints process is equitable for Māori, and this was evident through interviews with the residents. The facility manager is aware of the preference for face-to-face communication with people who identify as Māori. Residents and family/whānau interviewed confirm the management are open and transparent in their communications and staff clearly explained the complaint process, ensuring they knew how to raise any concerns. Residents stated they have direct access to the directors.</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</p>	<p>FA</p>	<p>Ashlea Grove Rest Home is certified to provide rest home level of care for up to 40 residents. Ashlea Grove Rest Home has 36 rooms, including four rooms that are suitable as shared rooms. One of the four shared rooms were double occupancy, the other three were occupied by a single resident on the days of the audit.</p> <p>There were 17 residents in the facility at rest home level of care (two residents on a long-term support- chronic health care [LTS-CHC]</p>

<p>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>contract) and 15 residents in the dementia unit, including one on a close in age and need contract. All other residents were funded through the age-related residential care (ARRC) contract.</p> <p>Ashlea Grove Rest Home has a 2025-2028 business plan that includes a mission, philosophy, and objectives of the service. The previous year's business plan was signed off in November 2024. The current business plan is reviewed annually against set goals as part of the managers meetings.</p> <p>The managing directors (husband/wife team) have managed the facility since 2015 and fully owned the facility since December 2021. The facility manager (non-clinical) is responsible for the general day to day non-clinical oversight of the facility. The maintenance manager is responsible for health, safety, and maintenance.</p> <p>The managing directors are the governing body for Phantom 2021 Ltd trading as Ashlea Grove Rest Home. The directors receive a facility manager/clinical report weekly and monthly from each facility. The facility manager has overall responsibility for implementation of the quality and risk programme, including the implementation and close out of corrective actions. The experienced facility manager had been the assistant manager previously, and been in their current role for a year.</p> <p>The directors are knowledgeable around contractual and legislative requirements and completed cultural training. The directors have a six-weekly managers' meeting with the managers across the four facilities. The meetings with the directors include related operational activities and reporting on the quality and risk management programme; For Example: business goals; nursing practice (medication reviews, resident reviews, restraint reviews, incident reviews); training; health and safety/maintenance; infection prevention and control; staffing (roster and orientation); internal audits; complaints (if any); cultural safety/ethnicity; and survey results. Benchmarking occurs quarterly between the four facilities. Auditors observed the facility manager and directors actively interacting with residents and family/whānau, demonstrating their thorough understanding of the daily operations of the service.</p> <p>The facility manager and directors have an understanding in Te Tiriti</p>
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		<p>o Waitangi and health equity. The organisation supports meaningful inclusion of Māori and ensures the organisation's values and goals reflect the needs of Māori. The facility manager and directors have completed training in relation to the application of Te Tiriti and the provision of equitable services. Interviews with the facility manager confirmed the team analyse internal processes, business planning, and service development, to improve outcomes and achieve equity for Māori; and to identify and address barriers to provide equitable service delivery. Māori consultation ensures policies and procedure represents Te Tiriti partnership.</p> <p>Māori advice can be sought when required through an aged care industry consultant's cultural advisor. Tāngata whaikaha are encouraged to participate in the planning and evaluation of the service through general feedback, annual surveys, and quarterly resident meetings.</p> <p>The facility manager is supported by a clinical lead (registered nurse) that works at Ashlea Grove Rest Home for the last three years, provides clinical oversight and has undertaken professional development activities related to managing an aged care facility. The facility manager stated each facility operates independently and they are responsible for oversight of clinical governance of each facility, and reporting to the directors occurs as part of the six-weekly managers' meeting. The facility manager and directors have maintained at least eight hours annually of professional development activities related to managing an aged care facility, through attending regular aged residential care forums, attending the Aspiring Leaders course and other online training.</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>FA</p>	<p>Ashlea Grove Rest Home has implemented a quality and risk management programme that includes performance monitoring through internal audits and the collection of clinical indicator data. The implementation of the quality and risk programme is overseen by the operations manager. A meeting schedule is implemented and evidence staff participation in the quality programme. Internal audits are conducted according to the schedule, and any corrective actions identified are used to enhance service delivery. The internal audits</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>schedule includes (but not limited to) clinical audits. The clinical audit includes monitoring against policy and contractual requirements. Resolved issues are signed off and discussed at staff meetings. Quality data on infections, restraint use (or elimination), incidents, behaviour, medication errors, skin tears, and wounds (pressure injuries) are collected, analysed, and reviewed at management and staff meetings. Data is compared to previous months and the previous year, quarterly benchmarking between the four facilities and plans are developed to respond to any areas of concern. Progress with the quality programme/goals has been monitored and reviewed through the management and staff meetings. Quality improvement initiatives include the management of short-term acute issues, using the ISBAR communication framework and Stop Watch tool.</p> <p>Resident and family/whānau satisfaction surveys are conducted annually, with the July 2025 results indicating high levels of satisfaction with the service. Policies and procedures are current and reflect good practice; are embedded throughout service delivery and maintained in electronic format, and staff have confirmed they can access these documents as needed. Cultural safety is reflected within the quality programme, with collation of ethnicity data related to adverse events and infections. The process provides for critical analysis of organisational practices to improve health equity.</p> <p>Staff undergo comprehensive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, which builds their knowledge and awareness of the importance of addressing accessibility barriers. This training, health literature resources, and cultural connections ensure that all staff are well-equipped to deliver high-quality healthcare for Māori.</p> <p>Each incident/accident is documented in the resident management system. A sample of adverse event forms reviewed indicated the forms are completed in full and signed off by a registered nurse. Incident and accident data is collated monthly and reported in the management meeting, staff meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse. Opportunities to minimise future risks are identified by the registered nurse.</p> <p>Health and safety meetings occur as part of the management and</p>
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		<p>staff meetings. There is a health and safety representative that monitor hazards and risks. Hazards are documented and addressed. Staff received education related to hazard management and health and safety at orientation and annually. The hazard and risk register was last reviewed in January 2025. The management meeting minutes evidence leadership commitment to health and safety, and staff wellbeing.</p> <p>Discussions with the facility manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There were events that required a Section 31 notification to HealthCERT in 2024 and 2025, and these were completed. There were no notifications required to be completed to Health Quality and Safety Commission or Public Health authorities.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. 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 are policies and procedures that describe safe staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. Staff interviewed reported adequate staffing and support from the registered nurse. Residents and family/whānau interviewed, and resident meeting minutes did not raise staffing issues and confirmed that staff are attentive to resident's needs. There is a full-time registered nurse Monday to Fridays from 9am to 5pm. The facility manager works Monday to Friday. One director is based full time at Ashlea Grove Rest Home to assist with overseeing the implementation of processes.</p> <p>The clinical and non-clinical rosters reviewed evidence staff are replaced in the event of any absences. Staff reported absences are covered by a casual pool and part-time employees. Nursing agency staff have not been used. A sufficient number of caregivers are allocated according to the layout and design of the facility, to ensure residents needs are met. There are separate cleaning staff, recreation staff and kitchen staff. Caregivers reported the allocated laundry tasks are manageable as part of their daily routine.</p> <p>The facility manager and registered nurse/ clinical lead provide an on-call service, with support from the contracted nurse practitioner. The facility manager is available for non-clinical issues after hours. A</p>

		<p>selection of caregivers are medication competent, and assist with certain delegated tasks. There are two caregivers allocated overnight.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification; five caregivers have achieved level three or four Certificate in Health and Wellbeing. The facility manager is also a qualified caregiver with the required dementia standards.</p> <p>There are 15 caregivers allocated to work in the dementia unit and 10 have achieved and completed the required dementia standards; five are in the progress of completion within the allocated required timeframe.</p> <p>There is an annual education and training schedule; this has been fully implemented to date and covers all mandatory training, as well as a range of topics related to caring for the older person. Staff reported they are provided with training on an online platform, formal face to face, and impromptu toolbox training. All staff are required to complete competency assessments as part of their orientation, and include hand hygiene; correct use of personal protective equipment (PPE); manual handling and transfer; completion of neurological observations; taking of other observations; cultural safety; restraint; and wound care competency. Staff who administer medication, complete annual medicine competency and a record of completion is maintained.</p> <p>Staff training records showed that they completed training related to Māori health outcomes and disparities, and health equity. Staff interviewed were knowledgeable around these subjects, and confirmed that their cultural training is ongoing, with staff having access to online modules and resources.</p> <p>The full-time RN employed is trained and competent in completing interRAI assessments and holds a syringe driver competency. The operations manager is also interRAI trained. Staff reported a positive work environment, and an employee assistance programme is available to them, when required.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files were selected for review, which evidenced recruitment processes being implemented. Files included (but not limited to); reference checking, qualifications, employment contract, and job descriptions. A register of practising certificates is maintained for all health professionals. Staff interviewed were knowledgeable around their individual job descriptions, responsibilities, and accountabilities.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice. Competencies are completed at orientation and then as part of the ongoing education plan. Ashlea Grove Rest Home demonstrated that the orientation programme supports the RN and caregivers to provide a culturally safe environment to Māori. Staff performance appraisals are scheduled and completed as they become due, as sighted in the staff files.</p> <p>All staff files were kept secure and confidential. Staff ethnicity data is collected and recorded.</p> <p>Staff stated communication and teamwork are positive and the operations manager reported that debrief and discussion occur following any incidents.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident records and staff files are paper based, and the medication management is electronic. The medication management system is secure and user identification and passwords are required to access.</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. Residents and staff archived files are securely stored in a locked room and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential, and cannot be</p>

		<p>viewed by other residents or members of the public. The one director is the privacy officer and oversee all requests related to health information. 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>	<p>FA</p>	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information pamphlets are provided for family/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria.</p> <p>Six admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pamphlet, and received sufficient information prior to and on entry to the service. Admission criteria are based on the assessed need of the resident and the contracts under which the service operates. The facility manager is available to answer any questions regarding the admission process, and a waiting list is managed.</p> <p>No potential resident has been declined entry to service to date. The service openly communicates with prospective residents and family/whānau during the admission process, and declining entry would be if the service could not meet the needs of the potential resident, or had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. Ashlea Grove Rest Home support Māori residents to have positive wellbeing outcomes when admitted to the service. The service has developed meaningful partnerships with Māori communities and organisations, to better support any Māori admitted to their service.</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>Six files were reviewed for this audit, three in each service level, including one resident LTS-CHC contract (rest home level care) and one close in age and need (dementia level care). The facility registered nurse (RN) is responsible for conducting all assessments and for the development of care plans. Residents and family/whānau interviewed report they are involved in the assessment, care planning and review process, as evidenced in the files reviewed.</p> <p>A Māori health plan and cultural awareness policy is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. Staff have received training in tikanga principles. The clinical manager reported any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services is identified, and strategies to manage these documented. Staff confirmed they understood the process to support tāngata whaikaha and family/whānau.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files (including the LTS-CHC and close in age) had interRAI assessments completed. All files reviewed confirmed that the initial interRAI assessments and initial long-term care plans were completed in a timely manner. The long-term care plan includes interventions to guide care delivery, which are reflective of assessed needs. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed at least six-monthly or when residents' needs changed. Short-term care plans for infections, weight loss, behaviour that challenges, and wounds were well utilised, with interventions transferred to the long-term care plans in a timely manner.</p> <p>A nurse practitioner (NP) ensures residents are assessed within five working days of admission. The NP reviews each resident at least three-monthly. The NP provides on-call service for after-hours. If a resident is very unwell, they go directly to Health NZ hospital services. The registered nurse is available 24/7 for clinical advice and decision making as required. The NP was interviewed and expressed</p>
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	<p>satisfaction with the standard of care and the RN competence at Ashlea Grove Rest Home. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. An independent physiotherapist and dietitian are contacted as required. A podiatrist visits eight-weekly, and a continence advisor, hospice specialists, and wound care specialist nurse are available as required.</p> <p>Caregivers and the registered nurse interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written daily by the registered nurses and/or caregivers. The registered nurse further adds to the progress notes, if there are any incidents, NP visits, or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family members confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the RN, who then initiates a review with the NP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, NP visit, medication changes, and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A current wound register is maintained, which includes skin tears, lacerations and pressure injuries (stage II). Wounds have comprehensive wound assessments, wound management plans and documented evaluations, including photographs (if required) to show healing progression. The caregivers and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers and the registered nurse complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; and blood glucose levels. All monitoring reviewed was implemented as scheduled. Neurological observations are completed for unwitnessed falls and suspected</p>
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		head injuries according to policy.
<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>	FA	<p>The full-time activities coordinator (AC) is a qualified diversional therapist. The AC is responsible for the completion and evaluation of activity assessments and care plans, maintenance of individual activity attendance registers, and plan and run a monthly activities programme. The programme includes special cultural and local events and is supported by the caregivers, especially at weekends.</p> <p>The monthly calendar is placed in large print on all the noticeboards. The activities coordinator facilitates opportunities to participate in te reo Māori, incorporating Māori language in entertainment and singing, craft, and participation in Waitangi weekend, Māori language week and Matariki. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities, have one-on-one visits for a chat, and to see if there is anything they need.</p> <p>A resident's social and cultural profile in the resident's file includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include (but are not limited to) exercises; newspaper reading, music and movement; crafts; games; quizzes; entertainers; board gaming; hand pampering; bingo; happy hour; and long or short walks. There are weekly van outings every Monday or Friday (two groups), fortnightly library and errand trips. There is church service in the calendar. Pet therapy dogs visit.</p> <p>There are regular resident meetings held. Residents and family/whānau can also provide feedback on activities at the six-monthly reviews. 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>A medication management policy is available for safe medicine management 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. The RN has completed palliative and syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurses and caregivers interviewed could describe their role regarding medication administration. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in a treatment room. The medication trolley is always locked when not in use. The medication fridge and medication room (treatment room) temperatures are monitored daily. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use, are prescribed by the NP and charted on the electronic medication chart.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed confirmed the NP reviews all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. There were three rest home residents self-administering their own medication. Competency assessments are up to date and have been consistently reviewed by the GP three-monthly. The medications that the residents self-administer are specified in the competency assessment forms, and are stored safely in the residents' rooms.</p> <p>Pro re nata (PRN) medications are administered as prescribed and effectiveness is documented on the electronic medication system or in the progress notes. Medication competent caregivers or registered nurses sign when the medication has been administered. There are no vaccines kept on site. The facility does not use standing orders.</p>

		<p>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.</p> <p>The facility manager described the process to work in partnership with Māori residents and family/whānau 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 prepared and cooked on site. The facility employs a full-time cook and a relieving weekend cook, with caregivers providing additional kitchen assistance as required. All kitchen staff hold current safe food handling certificates, and the food control plan is current.</p> <p>Menus operate on a four-weekly seasonal cycle and have been reviewed and approved by an independent dietitian. A food services manual is available in the kitchen. The cook receives updated resident dietary information from the registered nurse and is promptly advised of any changes to dietary needs, including diabetic, pureed, or modified texture diets, and cases of weight loss. The cook, when interviewed, demonstrated a thorough understanding of residents’ dietary preferences, dislikes, and cultural or religious requirements. Alternative meal options are available to accommodate individual preferences, and Māori or Pacific menu options are provided upon request. Families and whānau are encouraged to bring culturally appropriate or preferred meals for their relatives when desired.</p> <p>On the day of audit, meals were observed to be attractively presented and served at appropriate temperatures. The cook maintains a daily monitoring diary that records refrigerator and freezer temperatures, as well as food temperature checks taken at various stages of meal preparation and service. Cooked meals are portioned into trays and placed in temperature-controlled hot boxes for transport to the respective kitchenettes and dining rooms in both the dementia and rest home units. Rest home residents have the</p>

		<p>option of dining in the communal areas or in their own rooms. Meals delivered to rooms are covered to maintain temperature. The rest home kitchenette provides residents and families/whānau with access to cold drinks, tea and coffee facilities, a small refrigerator, and a microwave for personal use. During observation, residents were seen enjoying their meals in a pleasant dining environment. Staff were observed assisting residents with meals where necessary, and adaptive equipment such as lipped plates is available as required. Nutritious snacks are available in each unit 24 hours a day.</p> <p>Residents and family/whānau interviewed expressed high levels of satisfaction with the quality, variety, and presentation of meals. Feedback on food services is actively encouraged through resident meetings and satisfaction surveys.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The facility manager and registered nurse 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</p>	FA	<p>The building maintains a current building warrant of fitness. The building is appropriately heated and ventilated. The maintenance manager holds responsibility for coordinating external contractors, including plumbing and electrical services, as required to ensure ongoing compliance with safety and building standards. All maintenance requests are recorded in the maintenance logbook located at the nurse's station. The facility manager reviews and notifies the maintenance manager of required tasks, ensuring</p>

<p>deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function.</p>	<p>completion and sign-off in accordance with organisational procedures.</p> <p>An annual preventative maintenance plan is implemented. This plan includes (but is not limited to) electrical testing and tagging, verification of call bell functionality, and monitoring of hot water temperatures. Monthly hot water temperature checks are undertaken, and any variance outside the acceptable range is promptly reported for remedial action by a qualified plumber. Calibration of medical equipment was completed on 15 August 2025.</p> <p>The main entrance is located within the rest home wing. The original section of the facility comprises ten resident rooms, along with supporting spaces, including the nurses’ and caregivers’ offices, two communal toilets and showers, and a spacious communal area incorporating a kitchenette, dining, and lounge facilities. These areas, part of the original building, are maintained to a high standard. The communal areas are utilised for resident activities and dining. Outdoor spaces available include seating and umbrellas during the summer months, supporting residents’ access to outdoor living and social interaction.</p> <p>A corridor extension connects the communal area to ten resident rooms arranged across two wings, with two centrally located communal showers and toilets on each side. All resident rooms are of generous size and feature sliding doors opening onto exterior deck areas, providing access to natural light and outdoor space that enhance residents’ wellbeing and comfort.</p> <p>The facility manager described how they would engage with community church groups and local iwi to ensure that the design and environment of any major refurbishments or building projects in the future would reflect the aspirations, values, and cultural identity of Māori within the new construction.</p> <p>Residents are encouraged to personalise their rooms and bring possessions of cultural or spiritual significance, promoting a sense of belonging and individual identity. Observations confirmed that residents move freely and safely throughout the facility, with mobility aids used as required. Handrails are appropriately installed in hallways and communal bathrooms, and there are sufficient</p>
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	<p>communal toilets and showers to meet residents' needs and ensure accessibility.</p> <p>The dementia unit includes spaces within the unit that can accommodate family/whānau, cultural and religious rituals, including visits by extended family/whānau. The dementia unit is connected to the rest home wing, with internal secure access by keypad code. The dementia unit has a centrally located lounge/dining room with a kitchenette. The dining room allows for a domestic type dining experience. The communal area is spacious and allows for groups or individual activities. There is a sunroom located within the dementia unit. There are three external doors opening to paths that circulate around the building. There is plenty of places to wander with no dead-ends.</p> <p>There are 16 physical rooms (one room is currently used as an office space, but can be converted back into a bedroom), with four rooms suitable to be shared (room 22,26,32 and 36). The shared rooms have an individual call point and a bed light at each bed, and is divided by a curtain for privacy. There are policies and processes in place to manage shared rooms. There are a sufficient number of communal showers and toilets.</p> <p>Residents' rooms are spacious; door openings are wide and allow care to be provided and for the safe use and manoeuvring of mobility aids. There are wall heaters within the rooms, and hallways and can be individually set within the room. There is a deck with seating and shade, and safe level entry to the lounge. All rooms have ample light and ventilation.</p> <p>The flooring in dining area and lounge is suitable for ease of cleaning. Toilets and showers have handrails. There is a separate visitor toilet. A communal toilet is located off the main communal area. Flowing soap, hand gel dispensers, and paper towels are available.</p> <p>There is a station for caregivers to write notes, and files are securely stored. The facility manager's office is within the dementia unit for ease of supervision. There is increased lighting in hallways and communal areas.</p> <p>There is a large secure garden area accessible from the</p>
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		lounge/dining room and off the sunroom. Shrubbery is in place to deter residents from climbing the perimeter high fence.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>The Emergency and Disaster Management policies define the facility's specific response and evacuation procedures, along with the roles and responsibilities of staff during an emergency. The emergency evacuation procedure provides guidance to ensure a safe and timely evacuation of the premises when required. A fire evacuation plan, approved by the New Zealand Fire Service – Southern Fire Region in May 2003, is in place. Fire evacuation drills are conducted every six months.</p> <p>Civil defence supplies are securely stored in designated areas and are inspected every six months. The facility is equipped with backup lighting and power sources, as well as sufficient food and personal supplies to support the maximum number of residents during a power outage. Portable gas heaters are available to provide alternative heating if required. Adequate water reserves are maintained to supply each resident with a minimum of three litres per day for three days. Alternative cooking facilities, including a gas barbecue, are also available. In the event that residents need to be evacuated, formal arrangements are in place with affiliated facilities located in Dunedin and Balclutha.</p> <p>Emergency management training is incorporated into staff orientation and included within the facility's ongoing education programme. At least one member of staff on duty holds a current first aid certificate every shift. Call bells are installed in residents' rooms and in communal toilet areas adjacent to the lounge and dining spaces. Call bells are tested according to the maintenance schedule. During the audit, staff were observed responding promptly to call bell activations. Residents and their families/whānau confirmed that call bells are answered in a timely manner.</p> <p>The facility is secured at night, and staff are responsible for checking the facility for security purposes on the afternoon and night shifts. Surveillance cameras are situated in three hallways and the kitchen.</p>

<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>	<p>FA</p>	<p>The infection control programme and antimicrobial stewardship (AMS) programme links to the quality improvement plan and business plan. The infection control programme and AMS programme is developed by an external consultant, that provides support to the facility manager and directors.</p> <p>The directors have a six-weekly managers' meeting with the managers across the four facilities. These meetings include discussions of operational activities and reporting on the quality and risk programme (including infection control data). Any outbreaks are reported to the directors immediately. There is documented evidence showing infections were reviewed with the NP and appropriately managed.</p> <p>The service has access to an infection prevention and control clinical nurse specialist from Health New Zealand. Residents and staff are offered influenza and Covid-19 vaccinations.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The registered nurse has the responsibility of the infection prevention and control coordinator role and oversees the infection control and prevention programme. There are clearly documented roles and responsibilities related to the infection control coordinator role. The infection prevention and control coordinator has completed external training around infection prevention and control and have appropriate skills, knowledge, and qualifications for the role.</p> <p>The infection prevention and control programme and antimicrobial stewardship programmes are linked to the quality improvement system and reported on annually. The infection prevention and control policies have been developed by an external expert, and have been approved by the facility manager and the directors. The procedures and policies reflect the requirements of the Standard and are based on current accepted good practice. The infection prevention and control coordinators from all four facilities have input into clinical policies that may impact on HAI risk.</p> <p>Staff became thoroughly familiar with policies through comprehensive</p>

		<p>training provided during orientation and ongoing education sessions, consistently demonstrating adherence to these policies. Residents and their family/whānau receive infection prevention and control education tailored to their needs, particularly residents who independently undertake community visits and are informed about respiratory illnesses.</p> <p>Single use medical devices are not reused and were seen to be safely and correctly disposed of. Reusable items were cleaned and sterilised using equipment which is used in line with manufacturers' guidelines, and which was audited to ensure its safe working state and regular decontamination.</p> <p>The pandemic plan includes the management of unwell residents, management of staff and visitors, food, and laundry services. There is a framework for communicating significant events to the directors and through the integrated meetings. An outbreak response is documented, and the pandemic plan has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available at the facility, and staff have been trained accordingly.</p> <p>The service provides te reo Māori information around infection prevention and control for Māori residents. The policy and procedures provide guidance around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. The staff interviewed described implementing culturally safe practices in relation to infection prevention and control.</p> <p>The facility manager and directors understand the process of consulting with the registered nurse, should there be plans for development and ongoing refurbishments of the building. The infection prevention and control coordinator procure all equipment and consumables with support from the facility manager.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to</p>	<p>FA</p>	<p>The service has an antimicrobial use policy and procedure suitable for the size, scope, and complexity of the resident cohort. The antimicrobial stewardship (AMS) programme had been approved by</p>

<p>responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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>		<p>the directors. The registered nurse and nurse practitioner monitor compliance with antibiotic and antimicrobial use by evaluating medication prescribing charts, prescriptions, and medical notes, adhering to recognised New Zealand Antimicrobial Stewardship Guidelines. Infection rates are monitored monthly and presented at meetings. Action plans are developed when necessary to improve AMS activities.</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>Surveillance of infections is appropriate for the size and complexity of the service. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data includes ethnicity, and is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at meetings. The registered nurse oversees the infection surveillance programme. Infection prevention and control data, along with any relevant issues, and progression of infections are communicated to residents and family/whānau as needed. Interview with the infection prevention and control coordinator evidence communication processes are culturally safe. Infection prevention and control data is shared with the facility's staff, and any recommendations from the NP and external consultants are followed up. Infection prevention and control data, along with any relevant issues, are communicated to residents and family/whānau as needed. There have been no outbreaks since the previous audit. There is sufficient PPE stored, and training sessions include outbreak management. All staff interviewed, the facility manager and directors were well versed on how to manage an outbreak.</p>
<p>Subsection 5.5: Environment The people: I trust health care and support workers to maintain a</p>	<p>FA</p>	<p>There are policies and processes for the management of waste and infectious and hazardous substances and interview with staff</p>

<p>hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>confirmed that policies and procedures are implemented. Laundry and cleaning processes are monitored for effectiveness via the internal audit system and ongoing observations by the management. Caregivers are involved in the laundry services and have completed relevant training. Chemicals were stored securely, and a closed chemical dispensing system is used. Material safety and data sheets are available. All caregivers have completed chemical training.</p> <p>All linen, personals and kitchen items are laundered on site. Linen cupboards had enough linen and towels. The laundry has a dirty to clean flow and folding occurs in the dining room at night. There is sluicing facility with appropriate PPE available. There are separate hand washing facilities.</p> <p>There are cleaners on duty seven days a week. The cleaners' trolley is stored securely when not in use. Staff were aware of prevention of cross contamination and use of PPE. Both residents and their family/whānau reported no issues with the laundry and cleaning services, noting that the facility was observed to be consistently very clean. Any concerns raised in the residents' meetings are promptly followed up, and actions are taken to address them. The infection prevention and control coordinator provides support to maintain a safe environment during construction, renovation, and maintenance activities.</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>A suite of restraint policies and procedures are documented and available to staff. The Restraint, Philosophy and Purpose Policy state “We are committed to promoting a restraint-free environment and providing the staff with good guidelines to prevent the need for restraint. We will use restraint only as a last resort. Our practice is guided by ethical principles that include acting for the resident’s good, avoiding harm to the resident and others, and respecting the resident’s dignity and human rights”.</p> <p>The designated restraint coordinator is the registered nurse/ clinical lead. There are currently no restraints. Restraint is included in weekly management report and monthly clinical report to the directors. The restraint coordinator interviewed described the focus on having a</p>

		restraint-free environment and discusses this during staff meetings. Restraint minimisation is included as part of the mandatory training plan and orientation programme. Staff completed education annually and this includes de-escalation and challenging behaviour.
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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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.