Oceania Care Company Limited - Heretaunga Home & Village

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking here.

The specifics of this audit included:

Legal entity:	Oceania Care Company Limited
Premises audited:	Heretaunga Home & Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 14 October 2025 End date: 15 October 2025

Proposed changes to current services (if any): Reconfiguration of one independent living unit to a care suite under an occupation right agreement.

Total beds occupied across all premises included in the audit on the first day of the audit: 58

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 haumaru │ person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita │ infection prevention and antimicrobial stewardship
- here taratahi │ restraint and seclusion.

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

Key to the indicators

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

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

General overview of the audit

Heretaunga Home & Village is part of Oceania Care Company Limited. The service is managed by an experienced general manager who is supported by an experienced clinical manager, both of whom are registered nurses. The clinical manager has overall management of clinical services. There have been no significant changes to the service since the previous audit. The home can provide services for up to 59 residents requiring rest home, dementia or hospital levels of care. There were 58 residents in the facility on the days of the audit.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts held with Health New Zealand – Te Whatu Ora. It included a pre-audit review of policies and procedures, a review of residents' and staff files, observations, and interviews with residents and whānau, a governance representative, staff, a nurse practitioner, and a volunteer.

Residents and whānau interviewed were complimentary about the care provided.

A request to reconfigure an independent care unit to a care suite to provide services under contract to Te Whatu Ora has been considered as part of this audit at the request of the Ministry of Health/Manatū Hauora.

As a result of this audit, improvements are required in meeting The National Emergency Management Agency water requirements for the area for emergency use.

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.

Heretaunga Home & Village worked collaboratively to support and encourage a Māori worldview of health in service delivery. Systems were in place to enable the service to provide equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination). Māori residents in the service reported they received services in a culturally safe manner.

There are systems and processes in place at Heretaunga Home & Village to enable residents from Pacific communities to be provided with services that recognise their worldviews in a culturally safe manner.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these were upheld. Residents were safe from abuse and were receiving services in a manner that respected their dignity, privacy, and independence. Heretaunga Home & Village provided services and support to people in a way that was inclusive and respected their identity and experiences. Care plans accommodated the choices of residents and/or their whānau.

Residents and their whānau received information in an easy-to-understand format and were included when making decisions about care and treatment. Open communication was practiced, and there was evidence that residents and their whānau were kept well informed. Interpreter services were provided as needed. Whānau and legal representatives participated in decision-making that complied with the law. Advance directives were followed wherever possible.

Complaints were being managed in accordance with the Code and in collaboration with all parties. Culturally specific processes were in place for Māori.

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.

Oceania Care Company Limited, as the governing body, is committed to delivering high-quality services in all its facilities, including those at Heretaunga Home & Village. Consultation with Māori was occurring at governance level, honouring Te Tiriti o Waitangi, and reducing barriers to improve outcomes for Māori and tāngata whaikaha (people with disabilities).

Strategic and business planning ensured the purpose, values, direction, scope, and goals for the organisation and of the facility are defined. Suitably qualified and experienced people managed the service. Ongoing monitoring of business, health and safety and clinical services was occurring, with regular reviews according to predetermined schedules and/or events that arise that may impact the service.

Well-established quality and risk management systems were focused on improving service delivery and care using a risk-based approach. Residents and whānau provided regular feedback, and staff were involved in quality activities. Actual and potential risks were identified and mitigated.

The National Adverse Events Policy was followed for adverse events. The service complied with statutory and regulatory reporting obligations. An integrated approach included collection and analysis of quality improvement data, the identification of trends leading to improvements, with data benchmarked to other Oceania Care Company Limited facilities nationwide, and other aged-related care services nationally.

Staffing levels and skill mix met the cultural and clinical needs of residents, including for residents residing in the secure dementia care service. Staff were appointed, orientated, and managed using current good practice.

An orientation and education/training programme was in place and competencies were assessed. Care staff have access to New Zealand Qualifications Authority (NZQA)-approved health and wellbeing courses including dementia care qualifications.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.

The entry-to-service process at Heretaunga Home and Village was efficiently managed through an electronic system. Residents were assessed before entry to the service to confirm their level of care.

When people entered the service, a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau.

Heretaunga Home and Village staff worked in partnership with the residents and their whānau to assess, plan and evaluate care. Registered nurses were responsible for the assessment, development, and evaluation of care plans. Care plans were individualised, based on comprehensive information, and accommodate any recent problems that might arise. Files reviewed demonstrated that care plans met the needs of residents and whānau and were evaluated on a regular and timely basis.

Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life. Activity plans were completed in consultation with residents, their whānau, and staff. Residents and whānau expressed satisfaction with the activities programme in place.

There was a medicine management system in place. Medicines were safely managed and administered by staff who had been assessed as competent to do so. The organisation uses an electronic system for the prescribing, dispensing, and administration of medication. The nurse practitioner or general practitioner were responsible for all medication reviews. There were policies and procedures that describe medication management and that align with accepted guidelines.

The food service was safely managed and met the nutritional needs of residents, with special cultural needs catered for, including foods relevant to te ao Māori. Residents verified satisfaction with meals. Food was available to residents in the secure unit, anytime of the night or day.

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

Te aro ki te tangata me te taiao haumaru | 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.		Some subsections applicable to this service partially attained and of low risk.

The facility met the needs of residents and was clean and maintained. There was a current building warrant of fitness, and this was displayed. Electrical and biomedical equipment had been checked and assessed as required. Internal and external areas were accessible and safe, external areas had shade and seating provided and met the needs of tāngata whaikaha and residents in the secure dementia service.

Staff were trained in emergency procedures, the use of emergency equipment and supplies, and attended regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security was maintained.

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.

The governing body ensured the safety of residents and staff through planned infection prevention and antimicrobial stewardship programmes that were appropriate to the size and complexity of the service. An experienced and trained infection prevention and control coordinator led the programme.

The infection prevention and control coordinator participated in procurement processes, any facility changes, and processes related to the decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

The service promoted responsible prescribing of antimicrobials. Infection surveillance was undertaken, with follow-up action taken as required.

The environment supported both preventing infections and mitigating their transmission. Waste and hazardous substances were managed. There were safe and effective cleaning and laundry services.

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 has not been used at Heretaunga Home & Village since April 2025. This was supported by the governing body and policies and procedures. There were no residents observed to be using a restraint during the audit.

Should restraint be required in the future, there is a comprehensive assessment, approval, consent, and monitoring process for this, requiring regular review. Restraint would be used only as a last resort and when all other interventions/strategies have failed.

The restraint coordinator was a registered nurse who had a defined role to provide support and oversight for restraint management, should this be required. Staff interviewed demonstrated a sound knowledge and understanding of restraint processes, including least restrictive practice, de-escalation techniques, alternative interventions, and restraint monitoring requirements.

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	26	0	1	0	0	0
Criteria	0	167	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
Subsection 1.1: Pae ora healthy futures 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.	FA	Oceania Care Company Limited (Oceania) had a policy on Māori and Pacific people's health and a Māori Health Plan in place, which describes how the organisation responds to the cultural needs of Māori residents and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi. The policy and plan address tino rangatiratanga, equity, partnership, Te Whare Tapa Whā model of health, tikanga, and use of te reo Māori in its facilities. A culturally competent services policy has a section on supporting residents who identify as Māori. The Māori Health Plan had been developed with input from cultural advisers, and this can be used at Heretaunga Home & Village (Heretaunga) for residents who identify as Māori. Residents participated by providing input into their care planning, activities, and dietary needs. Care plans included the physical, spiritual, whānau, and psychological health of the residents. There were Māori residents present in the facility during the audit. Māori residents and their whānau interviewed reported that they were comfortable at the facility and expressed feelings and experiences that are consistent with cultural safety, confirming that mana motuhake (self-determination) was respected. Strategies to actively recruit and retain a Māori health workforce across

		roles were discussed. At the time of audit, there were staff employed who identified as Māori. Staff ethnicity data was documented on recruitment and trended. The service had links for Māori health support through the local Ōrongomai Marae. The marae has kaumātua who can assist the service in meeting its cultural needs, and they were available to support Māori residents in the service. The service has a health clinic attached to it, and day care services (on Friday) should Māori residents choose to attend; the facility would facilitate this. Further support can be accessed through Māori Health Services at Health New Zealand – Te Whatu Ora (Te Whatu Ora).
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	The service provider had a policy on Māori and Pacific peoples' health. This describes how the organisation would respond to the cultural needs of Pacific peoples. The document notes the need to embrace cultural and spiritual beliefs; it is based on the Manatū Hauora (Ministry of Health) Ola Manuia Pacific Health and Wellbeing Action Plan 2020 and outlines the Fonofale model of care. There were no residents who identified from a Pacific community in the facility on the days of audit; however, processes are in place to support Pacific peoples in a culturally appropriate way should they enter the service. Heretaunga can access support for residents in their service through the Folau Alofa Charitable Trust, the Whai Oranga Community Health Hub, Mapu Maia, staff, or local church pastors in the area. Active recruitment, training, and actions to retain a Pacific workforce across differing levels of the organisation were in place. Ethnicity data was gathered, when staff were employed, and this data was analysed at a management and organisational level. Staff identifying with a Pacific community were employed in leadership and training positions at Heretaunga and throughout the wider Oceania organisation.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions	FA	The Code was displayed on posters in English, te reo Māori, and New Zealand Sign Language (NZSL) around the facility. Brochures on the Code and the Nationwide Health and Disability Advocacy Service

and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.		(advocacy service) were available at the front entrance. Staff knew how to access the Code in other languages should this be required. A representative from the advocacy service attended the residents' meeting in 2024. Resident's rights were included in the discussions at the residents' meetings; this was evidenced in meeting minutes and through interviews. Training for staff on the Code was ongoing as part of the organisation's orientation and regular training schedule; in addition, the advocacy service provided a training session for staff on 4 September 2025. Staff interviewed understood the requirements of the Code and were seen supporting residents in the service in accordance with their wishes. Heretaunga recognised mana motuhake (self-determination) for all residents. Residents (12) and whānau (12) interviewed reported being made aware of the Code and the advocacy service and were provided with opportunities to discuss and clarify their rights. Interviews with residents and whānau confirmed that staff were respectful and considerate of residents' rights. Heretaunga had a range of cultural diversity in its staff mix, and staff could assist if interpreter assistance were required. The service also had access to external interpreter services and cultural advisors/advocates, as needed. Relationships had been established with Māori and Pacific peoples' organisations for the support of residents in the service.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	Heretaunga supported residents in a manner that was inclusive and respected their identity and experiences. Residents and their whānau, including tāngata whaikaha, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, culture, spirituality, choices, and independence. Rooms occupied by couples who have a significant connection with each other are supported by the staff at Heretaunga to enable these connections to be maintained. The files reviewed evidenced that couples, often with different care need levels, were enabled with the opportunity to reside together and be supported to maintain their independence as a couple to the level they preferred. Interviews,

		documentation and observations verify the value that this approach has had on meeting the needs of these residents. Care staff understood what Te Tiriti o Waitangi meant to their practice, with te reo Māori and tikanga Māori being promoted throughout the service. Staff working at Heretaunga had been educated in Te Tiriti o Waitangi, tikanga, and cultural safety through the orientation programme and as part of the 2025 education programme. The staff could speak and learn te reo Māori, with the assistance of staff members, visiting groups and residents who identified as Māori. Documentation in the care plans of residents who identified as Māori acknowledged the residents' cultural identity and individuality. Staff were aware of how to act on residents' advance directives and maximise independence. Residents were assisted to have an advance care plan in place. Residents verified they were supported to do what was important to them, and this was observed during the audit. A physiotherapy programme was in place for tāngata whaikaha to assist them in improving or retaining mobility. Staff were observed to maintain residents' privacy throughout the audit. All residents had a private room. Heretaunga responded to tāngata whaikaha needs and enabled their participation in te ao Māori. Training on the aging process, diversity and inclusion, communication and informed consent was included in training for the support of tāngata whaikaha.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Employment practices at Heretaunga included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse, or neglect. Workers followed a code of conduct. Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Staff maintained professional boundaries. Policies and procedures were in place that focused on abolishing institutional and systemic racism, and there was

		a willingness to address racism and do something about it should it present. Residents reported that their property was respected, and finances protected. Professional boundaries were maintained. A strengths-based and holistic model of health was promoted at Heretaunga which included use of Te Whare Tapa Whā and Fonofale models of care specific to Māori and Pacific peoples. An individualised approach was in place that ensured the best outcomes for all. Residents and whānau interviewed expressed a high degree of satisfaction with the services being provided at Heretaunga.
Subsection 1.6: Effective communication occurs 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. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	Residents and their whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated into day-to-day greetings, documentation, and signage throughout the facility. Interpreter services were available if needed, and staff knew how to access these services if required. Resident and whānau meetings at Heretaunga were held regularly in addition to regular contacts with whānau by email, newsletters, telephone calls, a monthly newsletter, and the ‘open door’ policy of the general manager (GM) and the clinical manager (CM). A notification on the notice boards advised when events were taking place and when the resident and whānau meeting would next be held. Evidence was sighted of residents communicating with all staff, including the GM and the CM. Residents, whānau and staff reported the GM and CM were very supportive and responded promptly to any suggestions or concerns. Changes to residents’ health status were communicated to residents and their whānau in a timely manner. Incident reports evidenced that whānau were informed of any events/incidents. Evidence of open communication was apparent during the management of any complaints. Documentation supported evidence of ongoing contact with the residents’ enduring power of attorney (EPOA) or whānau. Evidence was sighted of referrals and involvement of other agencies involved in the residents’ care when needed.

Subsection 1.7: I am informed and able to make choices 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. 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. 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.	FA	Residents and/or their legal representative were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making. Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines. Advance care planning, establishing, and documenting of EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. All files reviewed of residents residing in the secure dementia care service included an activated EPOA. Staff who identified as Māori, from a Pacific community, or other people/organisations involved in the service, assisted staff to support safe cultural practice for residents.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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.	FA	A fair, transparent, and equitable system was in place to receive and resolve complaints that leads to improvements. This met the requirements of the Code. Information on complaints and the complaints process was available in English and te reo Māori. Interpreter services were also available should these be required. Residents and whānau interviewed understood their right to make a complaint and knew how to do so. All complaints, formal and informal, had been managed as per the Oceania complaints process, with electronic monitoring of complaints. There had been one complaint received in the last 12 months. Documentation sighted in respect of the complaint showed that it had been responded to within appropriate timeframes and the complainant had been informed of findings and any corrective action arising from

		the complaint following investigation. Complainants were made aware of their ability to access the Office of the Health and Disability Commissioner (HDC) should they wish to further any complaint. There has been a new complaint received via the HDC in June 2025. The service has responded to a request for information in the timeframe set by the HDC; the service is awaiting any further response, and the complaint remains open. There have been no other complaints received from external sources since the previous audit. There have been no complaints from Māori in the service, but there are processes in place to ensure complaints from Māori are managed in a culturally appropriate way (e.g., using culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant).
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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.	FA	The governing body of Oceania assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pacific peoples in governance groups, honouring Te Tiriti and being focused on improving outcomes for Māori, Pacific peoples, and tāngata whaikaha. Oceania is using Māori consultancy processes to enable the organisation to ensure there is meaningful inclusion of Māori at governance level and that Te Tiriti o Waitangi is honoured. Board members have access to cultural training, te reo Māori, and opportunities to upskill in Te Tiriti o Waitangi via other community roles and employment. Oceania has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. Information garnered from these sources translates into policy and procedure and organisational plans. Equity for Māori, Pacific peoples and tāngata whaikaha was being addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information. Information was provided about available services via the Oceania website, local Needs Assessment and Coordination Services (NASC) agency staff, word of mouth, and by the management team when attending community meetings. Information about the Code, complaints, and infection prevention and control was available in other

		languages. Specific models of care relevant to Māori and Pacific peoples were available for use for Māori and Pacific residents in the service. The needs of tāngata whaikaha are specifically addressed in a 'Person with a Disability' policy. Oceania had a strategic plan in place that outlines the organisation's structure, purpose, values, scope, direction, performance and goals. The plan supported the improvement of equitable outcomes for Māori, Pacific peoples and tāngata whaikaha. The Oceania reporting structure relies on information from its strategic plan to inform facility-based business plans. A local facility business plan supported the goals for the Heretaunga service, and cultural safety is embedded in business and quality plans and in staff training. Ethnicity data was being collected to support equity. Governance and the senior leadership team are committed to quality and risk via policy and processes, and through feedback mechanisms. This included receiving regular information from each of its care facilities, including Heretaunga. There had been a recent structure review; some changes in roles, titles and reporting lines have occurred. The clinical governance group, now called the clinical governance steering committee (CGSC), was appropriate to the size and complexity of the organisation. Monthly governance group meetings were led by the director of clinical and care services (DCCS). The national clinical and care service manager (NCCSM) and the senior regional operations manager attend. Clinical and quality dashboard reports are provided to the board by two national clinical quality managers (NCQMs). Internal data collection (e.g., adverse events, infections, complaints) were aggregated and corrective action (at facility and organisation level, as applicable) actioned. Changes were made to the business and/or the strategic plans as required. Work has commenced developing a wound care champion role in all Oceania care facilities, but this has not yet happened at Heretaunga. The GM at Heretaunga is a registered nurse (RN) with a postgraduate diploma in nursing. The GM has significant aged-care experience, having worked in the sector since 1985. The GM is supported clinically by a CM, who is also an experienced RN. The CM has worked in the Heretaunga service for five years and has been the CM for two. The

		GM and CM both confirmed knowledge of the sector, and regulatory and reporting requirements, and both maintain currency within the aged and dementia care fields. Heretaunga supported residents and their whānau to participate in the service through ongoing communication, through the care assessment and planning processes, monthly resident meetings, and twice-yearly resident satisfaction surveys. The GM and CM have an 'open-door' philosophy and were available to meet with residents and whānau on a day-to-day basis to discuss resident care needs. Responses from the resident meetings and surveys were noted to be very positive. The service holds contracts with Te Whatu Ora for age-related residential care (ARRC) for rest home, hospital, and secure dementia care services. Some of the residents reside in care suites, which are bought under an occupational right agreement (ARRC in ORA); a further care suite was added to the service following a reconfiguration request to HealthCert at the Ministry of Health/Manatū Hauora (letter dated 5 March 2025), increasing overall bed numbers from 58 to 59. Fifty-eight (58) residents were receiving services on the day of audit. Twenty (20) were receiving rest home services, 19 were receiving hospital-level services, and 19 were receiving secure dementia care services. Nineteen (19) of the care suites were occupied, with two couples in two of the suites, the others were singly occupied.
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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.	FA	Heretaunga uses Oceania's range of documents that contribute to quality and risk management and reflect the principles of quality improvement processes. These included a clinical risk management policy, document control, clinical governance terms of reference, quality improvement policy, health and safety strategy, critical incident/accident/sentinel event policy, and the quality cycle. Relevant corrective actions had been developed and implemented to address any shortfalls, and these were being benchmarked at national level. Progress against quality outcomes had been evaluated. Quality data had been communicated and discussed, and this was confirmed by records sighted and by staff at interview. Policies reviewed covered all necessary aspects of the service and of

		contractual requirements. Documentation is the responsibility of the relevant department at the corporate office. Critical analysis of organisational practices to improve health equity was occurring across the organisation, including at Heretaunga, with appropriate follow-up and reporting. A Māori health plan guided care for Māori. The service had a quality management framework in use that supported using a risk-based approach to improve service delivery and care. Three quality initiatives were in place at Heretaunga. One related to reduction in in incidence of urinary infections (refer subsection 5.3), another to the reduction of pressure injury (refer subsection 3.2), and the last related to improved communication (this is ongoing). The GM and CM described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Where mitigation strategies had been identified, there were processes in place to ensure these were corrected. Adverse events are reported via an electronic capture system. Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of adverse event reports reviewed showed these were being fully completed, incidents were investigated, whānau were informed of the event, and action plans had been developed to help prevent recurrence. Any corrective actions had been followed up in a timely manner. The GM and CM understood and have complied with essential notification reporting requirements. Over the past 12 months, there have been no circumstances necessitating a Section 31 notification to HealthCERT at the Ministry of Health (Manatū Hauora). Three notifications have been made to the Health Safety & Quality Commission (HSQC) related to fractures following falls. There were no reported police investigations or coronial inquests at the time of audit.
Subsection 2.3: Service management 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	FA	There was a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Evidence was sighted that the facility had adjusted staffing levels to meet the changing needs

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.		of residents. The addition of a further care suite to the service will not impact service delivery as there are sufficient staff in place to manage the extended service. Staff interviewed reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported timely responses from staff. On the rosters sighted, at least one staff member on duty had a current first aid certificate and there was 24/7 RN coverage in the facility. Position descriptions reflected the role of staff positions and expected behaviours and values. Descriptions of roles covered responsibilities for the role plus additional functions, such as holding an infection prevention and control (IPC), health and safety, or restraint portfolio. An orientation and continuing education programme had been planned and implemented, incorporating all mandatory training requirements. Relevant competencies were assessed to support the delivery of equitable services through both the orientation and ongoing education programmes. Records reviewed confirmed the completion of orientation as well as participation in the continuing education and competency assessment programme. Care staff have access to a New Zealand Qualifications Authority (NZQA) education programme, in alignment with the provider's agreement with Te Whatu Ora. Within the organisation's dementia care service, 11 staff work on a regular basis. Of these, eight have completed the Level 4 Health and Wellbeing qualification, which includes the required dementia care components. One staff member has completed the Limited Credit Programme (comprising four dementia care-related modules), and another was enrolled in the Limited Credit Programme within the required timeframe. Additionally, there are 10 other staff members within the organisation who hold the necessary qualifications to work in the dementia care service, should the need arise. The collection and sharing of high-quality Māori health information across the service is through policy and procedure, appropriate care planning using relevant models of care, resident and whānau engagement, and through staff competency assessment and education. Staff reported feeling well supported and safe in the workplace. There

		were policies and procedures in place around wellness, bullying, and harassment. An employee assistance programme (EAP) and physiotherapy support service were available to staff.
Subsection 2.4: Health care and support workers 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. 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. 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.	FA	Human resources management policies and processes were based on good employment practice and relevant legislation. Police vetting and reference checking was in place. Professional qualifications for health care professionals had been validated during recruitment and then checked and documented annually. Position descriptions for all roles were in place, including for the infection control coordinator (ICC) and the restraint coordinator (RC). The position descriptions described the skills and knowledge required of each position, and identified the outcomes, accountability, responsibilities, authority, and functions to be achieved. A sample of staff records reviewed (nine) showed that orientation had been completed and documented. Staff interviewed confirmed that orientation does take place, and staff described it as useful in preparing them for their role. Files sampled evidenced that performance appraisals were being undertaken as required. Staff described the process as useful for them, allowing them to set their own career and education goals. No further recruitment is required to manage the addition of a care suite to the service; sufficient staff are already in place to manage the addition. There were staff wellbeing policies in place and staff were aware of these. Staff interviewed confirmed that debrief and support was available to them following any serious incidents or challenging situations. Information held about staff was accurate, relevant, secure, stored, and archived confidentially. Electronic data is username- and password-protected. Information is available only to those authorised to use it. Ethnicity data was being recorded for staff and used in accordance with Health Information Standards Organisation (HISO) requirements.

Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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.	FA	Heretaunga maintained quality records in accordance with relevant legislation, health information standards, and professional guidelines. The majority of resident and staff information was stored electronically, with systems protected by secure username and password access. Residents' files were primarily electronic, with some supporting documents (e.g., EPOAs), scanned and uploaded into their digital record. Access to information was role-dependent and appropriately restricted. Paper-based records, where maintained, were securely stored, properly archived, and destroyed in line with policy, with access limited to authorised personnel only. Data collected included ethnicity information for both residents and staff. All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible, and met current documentation standards. Consent was sighted for data collection. Heretaunga was not responsible for National Health Index registration.
Subsection 3.1: Entry and declining entry 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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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.	FA	Residents were admitted into Heretaunga when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency as requiring the levels of care the service provides, and when they had chosen Heretaunga to provide the services they require. Residents and whānau interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identified as Māori. The files reviewed met contractual requirements. Heretaunga collected and analysed ethnicity data on entry and decline rates; this included specific data for entry and decline rates for Māori. Where a prospective resident had been declined entry, there were processes for communicating the decision to the person and their whānau. Heretaunga had developed meaningful partnerships with local Māori communities and organisations to benefit Māori individuals and their whānau. The facility can access support from Māori health

		practitioners, traditional healers, and other organisations. When admitted, residents had a choice over who would oversee their medical requirements. Whilst most chose the main medical provider to the service, residents were enabled to request another provider to manage their medical needs, if desired. Files reviewed of residents being cared for in the secure dementia care unit evidenced an activated EPOA in place, and a specialist's authorisation that the resident required care in a secure unit.
Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	FA	The multidisciplinary team at Heretaunga worked in partnership with the resident and whānau to support wellbeing. Nine residents' files were reviewed: three rest home files, three hospital files, and three files from residents in the secure dementia care area of the facility. Files reviewed were of residents receiving care under ARRC contracts and included residents with behaviours that were a challenge, residents with pain, residents who self-administered medications, residents who had required a transfer for an acute event, residents who had had a recent fall, residents with compromised mobility, residents who identified as Māori, and residents with several co-morbidities. Files reviewed evidenced that, on admission, a RN undertook a range of clinical assessments. Assessments included resident and whānau input (as applicable). Timeframes for the initial assessment, medical/nurse practitioner assessment, initial care plan, long-term care plan, and review timeframes met contractual and policy requirements. Assessment included identifying how staff could support Māori and whānau to identify their own pae ora outcomes. A care plan, based on one of the provider's models of care, was developed by suitably qualified staff following the assessments. The care plan included consideration of the person's lived experience, cultural needs, values, and beliefs, and considered wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded. A care plan specific to Māori was sighted. Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of

		responses to planned care, including the use of a range of outcome measures. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents who self-administered medication were enabled to do so in a safe manner. Residents who experienced falls without any witnesses were initially evaluated by a RN and then periodically monitored through ongoing review; whānau were informed of the event. Neurological assessment was ongoing, in accordance with policy and best practice guidelines. This was verified by sampling residents' records, and from interviews with clinical staff, people receiving services, and whānau. Residents and whānau confirmed active involvement in the process. There were no pressure injuries at Heretaunga at the time of audit. In response to eight facility-acquired pressure injuries in 2023 and five in 2024, an initiative was implemented in June 2024 to reduce their occurrence. As part of this initiative, new pressure-relieving mattresses were purchased, staff training was enhanced, zinc-based barrier creams were introduced and regularly used, and improved turning regimes were established. Additionally, seating was upgraded, and nutritional supplements were provided to residents identified as being at risk. These measures resulted in the elimination of facility-acquired pressure injuries at Heretaunga up to the time of the 2025 audit. Policies and processes were in place to ensure tāngata whaikaha and whānau participated in the development of services at Heretaunga. Policies and procedures supported service delivery that promoted choice and control and removed barriers to accessing information. Examples of how choice and control were exercised in service delivery were discussed with staff, tāngata whaikaha, and whānau. Tāngata whaikaha and whānau had independent access to information. Interviews with six whānau of residents expressed a high degree of satisfaction with the care being provided at Heretaunga. All whānau interviewed made mention of how supportive and helpful they found the GM and CM. The residents and their whānau reported that they were actively involved in planning the resident's care and any ongoing discussions. Whānau of residents who identified as Māori were complimentary of the cultural support provided, and the responsiveness

		of staff to residents' needs. Interviews with staff identified that they were familiar with all aspects of the care residents required, including the cultural aspects of the care required for Māori residents. An interview with the NP described the staff at Heretaunga as "an amazing and phenomenal team, the triaging undertaken is the best of all the 12 homes the NP oversees, and the CM's clinical skills are exceptional".
Subsection 3.3: Individualised activities 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.	FA	The activities coordinators (two) at Heretaunga provided an activities programme that supported residents in maintaining and developing their interests, tailored to their ages and stages of life, seven days a week. The programme offered is based around the "five ways to wellbeing model" allowing residents to give, be active, keep learning, connect, and take notice. The activities programme provided in the secure dementia care unit has oversight and input from a diversional therapist from another facility. Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests and their ordinary patterns of life and included normal community activities. Opportunities for residents to participate in food preparation occur every Thursday. Opportunities for Māori and whānau to participate in te ao Māori were facilitated; Matariki, Māori Language Week and Waitangi Day celebrations were acknowledged. A specific activities programme was available for residents who identify as Māori or who are from Pacific communities. The programme included preparation of culturally specific food. A kaumātua from the local marae visits and blesses the rooms at Heretaunga, when requested. The activities staff arranged frequent participation by local community organisations and weekly outings in the facility's van. Entertainers, school groups, and church groups visit the service. Satisfaction surveys and resident meeting minutes evidenced residents and their whānau were satisfied with the activities programme provided at Heretaunga. Documentation sighted showed that residents and their whānau participated in evaluating and improving the programme.

		Those interviewed confirmed they had input into the programme and that the programme met their needs. Residents' files reviewed in the secure dementia care unit verified that a 24-hour care plan was in place.
Subsection 3.4: My medication The people: I receive my medication and blood products in a 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.	FA	The medication management policy at Heretaunga was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of the audit. The addition of a further care suite to the service will not impact on the management and delivery of medications at the facility; safe processes are in place and embedded, and there are sufficient medication competent staff available to manage the service. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines had been assessed as competent to perform the function they manage; competencies had been checked annually. There was a process in place to identify, record and document residents' medication allergies and sensitivities, and the action required for adverse events. The RN oversees the use of all pro re nata (PRN) medicines, and documentation regarding effectiveness was noted in progress notes. Medications were supplied to the facility from a contracted pharmacy. Medicine reconciliation occurred. All medications sighted were within current use-by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy. Medicines were stored safely, including controlled drugs, and managed in accordance with best practice guidelines. The required stock checks were completed. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries. The medicines stored were within the recommended temperature range. There were no vaccines stored on site. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP/NP were recorded on the medicine chart. Residents, and their whānau (as

		applicable), interviewed stated that medication reviews and changes are discussed with them. Standing orders were not used at Heretaunga. Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications. The medication policy describes use of over-the-counter medications and traditional Māori medications. Over-the-counter medication and traditional supplements were considered by the prescriber as part of the person's medication.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	The culturally themed food service provided at Heretaunga was planned and implemented by the organisation's own dietitian in line with recognised nutritional guidelines for older people. The addition of a further care suite to the service will not impact on the management and delivery of food services at the facility. All aspects of food management complied with current legislation and guidelines. The service operated with a Ministry of Primary Industries (MPI) multisite-approved food safety plan and registration. A verification audit of the food control plan was undertaken in May 2023. Three areas requiring corrective action were identified during the audit, and these have been addressed. The plan was due for re-audit in May 2026. The midday and evening meals offer a number of meal options for residents to choose from. Resident satisfaction surveys, resident meeting minutes, and interviews verified satisfaction with the meals being provided at Heretaunga. A prior concern about the meals not being hot enough had been addressed, after a 'hot box' was found to be malfunctioning. Each resident had a nutritional assessment on admission to the facility. Their personal food preference, any special diets, and modified texture requirements were accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori. Residents are enabled to be involved in the preparation of food as part of the activities programme (see subsection 3.3).

		Evidence of resident satisfaction with meals was verified by resident and whānau interviews, satisfaction surveys, and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity. Residents in the secure dementia care unit had access to food at any time, day or night.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.	FA	Transfer or discharge from Heretaunga was planned and managed safely to cover current needs and mitigate risk. The plan detailed the process required in the case of a traumatic event. The decision to transfer included consideration of the presenting assessment data, the resident's advanced directive, input from the EPOA, and input from the NP/GP. The management plan, based on all factors, was developed with coordination between services and in collaboration with the resident and whānau. Residents and whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need is identified.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	FA	Appropriate systems were in place to ensure the residents' physical environment and facilities (internal and external) were fit for their purpose, maintained, and that they met legislative requirements. The service has a mix of offerings, with 20 of the rooms being offered as care suites under occupation right agreements (ORAs); two of these were being used by couples, the rest were singly occupied. The dementia care area of the service was secure; residents admitted to that service had the appropriate authorisations in place. The service notified HealthCert at the Ministry of Health/Manatū Hauora of its intention to reconfigure the certified services at Heretaunga Home and Village by converting one independent care unit to a care suite under an ORA arrangement. The service was advised that they could utilize the new facility immediately with the proviso that the reconfiguration was audited at the next audit. The reconfiguration was

		sighted at this audit. The new care suite was originally an independent unit with one person in residence; the reconfiguration request was sparked by a deterioration in the condition of the resident who was requiring a higher level of care. The intention was that the reconfiguration would allow the resident the 'age in place'. The care suite is fit for purpose, it is within the footprint of the building, the space is large and has private bathroom facilities. Services already in place are sufficient to manage the increased demand. The environment was comfortable and accessible. Corridors are wide and have handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs, and residents were observed to be safely using these. Spaces are culturally inclusive and suited the needs of the resident groups, including residents residing in the secure dementia care service. Lounge and dining facilities meet the needs of residents, and these are also used for activities. Wi-Fi was available for residents and whānau to use. External areas are easily accessible for residents; there is a secure garden area available for the use of residents in the secure dementia care service. Rooms for residents requiring hospital-level care allowed space for the use of moving and handling equipment; care suites were fitted with ceiling hoists. Rooms were personalised according to the residents' preferences. All rooms have a window allowing for natural light, with safety catches for security. The facility is heated with electric heating, and this can be adjusted depending on seasonality and outside temperature. Space is available for the storage and charging of electronic mobility aids. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and communal areas had appropriately situated call bells. There were external areas within the facility for leisure activities, with appropriate seating and shade. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of clinical equipment. Monthly hot water tests were completed for resident areas; these were sighted and were all within normal limits. Tempering valves

		were in place to address any hot water variances. The building had a warrant of fitness, which expires on 20 September 2026. There were no plans for further building projects requiring consultation, but Oceania directors and the management team at Heretaunga were aware of the requirement to consult and co-design with Māori if this was envisaged. Residents and whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	PA Low	The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 16 October 2003. The fire evacuation plan at the facility already includes the reconfigured care suite, as the care suite is within the footprint of the building. The requirements of the fire and emergency scheme are reflected in the facility's fire and emergency management plan, which requires a six-monthly fire drill; the last fire drill was held on 21 August 2025. Staff completed fire and emergency competency in 2025, and staff interviewed were able to describe what to do in an emergency. Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff had received relevant information and training and had appropriate equipment to respond to emergency and security situations. Except for stored water (refer criterion 4.2.7), adequate supplies for use in the event of a civil defence emergency met The National Emergency Management Agency recommendations for the region, and alternative essential energy and utility sources were available in the event of the main supplies failing. Information on emergency and security arrangements was provided to residents and their whānau on entry to the service. Twenty-seven (27) staff have current first aid certification, and there was a first aid certified staff member on duty 24/7 on the rosters sighted. Call bells alert staff to residents requiring assistance. Residents and

		whānau reported that staff respond promptly to call bells. Appropriate security arrangements were in place, including security arrangements relevant to the provision of secure dementia care services. The facility had overnight 'lock-up' procedures which allowed for emergency egress, and specific instructions were in place for tāngata whaikaha and residents in the secure dementia care service for emergency situations. Residents and whānau were familiarised with emergency and security arrangements, as and when required. Staff were noted to be wearing uniforms and name badges throughout the audit. There have been no changes to the building or services since the previous audit.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. 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.	FA	The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly. Data and information related to the introduction of a new care suite to the facility will be added to current reporting systems. The IP and AMS programmes were led by one of the Oceania NCQMs who is part of the clinical governance team. The clinical governance team oversees all clinical issues within Oceania. Heretaunga had IP and AMS outlined in its policy documents. The board collected data on infections and antimicrobial use and included ethnicity data; this had been analysed at facility and national level to support equity in the service and across the wider Oceania group. Infection prevention and AMS activities were supported at governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately managed at the facility level and to support facilities as required. Expertise and advice could be sought as required following a defined process and include escalation of significant events. Infection prevention and AMS information was discussed at the facility level, at clinical governance steering committee meetings, and reported to the

		board at board meetings.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of 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.	FA	The infection prevention and control coordinator (IPCC) at Heretaunga was responsible for overseeing and implementing the IP programme, with reporting lines to the CM, GM, and the senior management and governance team. The IPCC had appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice had been sought when making decisions around procurement relevant to care delivery, and during policy updates, and would be sought for input into the design of any new building or facility changes if these were being planned. The infection prevention and control (IPC) and AMS policies reflected the requirements of the standard and were based on current accepted good practice. The infection prevention programme is well implemented and can easily accommodate the extension of one care suite into the service. Cultural advice at Heretaunga could be accessed through staff who identified as Māori, the organisation's cultural advisor, the Oceania cultural group, and local kaupapa Māori services. Staff who identified as Māori and speak te reo Māori were available to provide infection advice in te reo Māori if needed for Māori accessing services. External te reo Māori interpreter support was available should this be required. Staff were familiar with policies through education during orientation and ongoing education and were observed to follow processes correctly. Residents and their whānau were educated about infection prevention in a manner that met their needs. Educational resources were available in te reo Māori. A pandemic/infectious diseases response plan was documented and had been regularly evaluated. There were sufficient resources and personal protective equipment (PPE) available, and staff had been trained in its use. Policies, processes, and audits ensured that reusable and shared equipment was appropriately decontaminated using best practice guidelines. Individual single-use items were discarded after being used.

Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to 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.	FA	Responsible use of antimicrobials was being promoted. The AMS programme was appropriate for the size and complexity of the service, supported by policies and procedures. Oceania had a documented AMS programme in place committed to promoting the responsible use of antimicrobials, it had been developed using evidence-based expertise and had been approved by the governance body. The AMS programme aimed to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. The AMS programme is well embedded in the facility, and its provisions will be extended to any occupants in the new care suite. Responsible use of antimicrobials was promoted at Heretaunga, with the prescriber having the overall responsibility for prescribing antimicrobials. Monthly records of infections and prescribed antibiotic treatment were maintained and records included ethnicity data, which was analysed to support equity. The effectiveness of the AMS programme had been evaluated by monitoring the quality and quantity of antimicrobial use. Evidence was sighted of a reduction in the use of antibiotics for the treatment of urine tract infections (UTIs). In 2023 there were 37 suspected UTIs, and all of these were commenced on antibiotics. In 2024, following the implementation of the AMS programme and a review of UTI management, there were 31 suspected urine infections. Twelve (12) of these were treated with antibiotics and 19 needed no treatment as there was no culture growth reported from laboratory testing. The focus has been on using clear criteria to determine a potential infection, increasing fluids, the use of alkaline urinary sachets, monitoring of symptoms, and accurate diagnosis by laboratory findings. Evidence was also sighted in a reduction in skin infections, from 47 in 2024 to 16 in 2025 up to the day of audit.
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-	FA	Surveillance of health care-associated infections (HAIs) was appropriate to that recommended for the type of services offered and was in line with risks and priorities defined in the infection control programme. Monthly surveillance data, using standardised surveillance definitions, had been collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance included ethnicity data, which is analysed to support equity. Results of the

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.		surveillance programme had been shared with staff and the governance body, and where necessary, recommendations for improvement had been identified. The health care-associated infections (HAIs) being monitored include infections of the urinary tract, respiratory tract, skin, scabies, fungal, eye, and multi-resistant organisms. The HAI surveillance processes are well embedded in the facility, and its provisions will be extended to any occupants in the reconfigured care suite. Communication between service providers and those residents experiencing an HAI was culturally safe, and these were documented.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. 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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	FA	A clean and hygienic environment supported the prevention of infection and mitigation of transmission of antimicrobial-resistant organisms at Heretaunga. The reconfigured care suite is within the footprint of the facility and already monitored for prevention of infection and mitigation of transmission of antimicrobial-resistant organisms; any services not being offered previously (when the resident was still independent) have already been incorporated into service delivery for the care suite. There are suitable processes in place and sufficient staff already employed to accommodate the inclusion of the care suite into care services. Suitable PPE was provided to those managing contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available, and staff had appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms are available for the disposal of soiled water/waste. Handwashing facilities and sterilising hand gel were available throughout the facility. Staff were observed to follow documented policies and processes for the management of waste and infectious and hazardous substances. The environment was observed to be clean and tidy. Safe and effective cleaning processes identified the methods, frequency, and materials to be used in cleaning and laundry processes. Clear separation of the use of clean and dirty items was observed. Designated access was

		provided to maintain the safe storage of cleaning chemicals and equipment. The laundry at Heretaunga was managed offsite. Processes were in place to ensure the collection, storage, and transportation of laundry were in accordance with safe practices. Laundry and cleaning processes were monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme of the built environment. Staff involved had completed relevant training and were observed to perform duties safely. Residents and their whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observation.
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.	FA	Oceania is committed to a restraint-free environment in all its facilities. Heretaunga is currently restraint-free, the last restraint was discontinued in April 2025. No residents were observed to be using a restraint during the audit. There were strategies in place to eliminate restraint, including an investment in processes and equipment to support the removal of restraint (e.g., use of intentional rounding (scheduled resident checks), use of high/low beds, and sensor equipment). The Oceania board's clinical governance steering group was responsible for the restraint elimination strategy and for monitoring restraint use in the organisation. Documentation confirmed that restraint was reported to the board, even if there was no restraint in a facility. Policies and procedures met the requirements of the standard. The restraint coordinator (RC) is a defined role currently being undertaken by a RN. They provide support and oversight should restraint be required in the future. There was a position description in place that outlines the role, and the RC has had specific education around restraint and its use. Restraint protocols were covered in the orientation programme of the facility and included in the education/training programme (which

		includes annual restraint competency). Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring in 2025. Restraint use was identified as part of the quality programme and reported at all levels of the organisation. The RC, in consultation with the multidisciplinary team, would be responsible for the approval of the use of restraints should this be required in the future; there were clear lines of accountability. For any decision to use or not use restraint, there was a process to involve the resident, their EPOA and/or whānau, and the multidisciplinary team (including the GP or NP) as part of the decision-making process. A retrospective review was completed on the resident who had been using a restraint up until April 2025. Records sighted showed that restraint assessment, consent and ongoing evaluation had been in place. Consents and restraint evaluations had taken place on a two-monthly basis, and these were documented. Documented restraint monitoring was sighted. The restraint had been reported at facility level and to the board, evidence was sighted of progress documentation in the resident's file, in restraint, staff and quality meeting minutes, and through reports to the board. The use and discontinuation of the restraint were noted on the electronic restraint register. A restraint register was available on the electronic resident management system; the criteria on the restraint register contained enough information to provide an auditable record of restraint should this be required. The RC undertakes review of all residents who may be at risk, in conjunction with the other RNs and the GP/NP. Documentation outlined strategies to be used to prevent restraint being required, and this was sighted. Review of restraint had been completed at clinical governance level; any changes to policies, guidelines, education, and processes were implemented if indicated. Given there was no restraint being used in the facility, subsections 6.2 and 6.3 have not been audited.

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)
Criterion 4.2.7 Alternative essential energy and utility sources shall be available, in the event of the main supplies failing.	PA Low	Heretaunga has supplies available to manage care and nutrition for residents in the event of an emergency, including cooking facilities. The facility stores 1220 litres of water on site, but this is well below the current National Emergency Management Agency recommendation for the region of 20 litres per person per day for seven days. The required amount on the day of audit was 8,120 litres. This was discussed with the GM of the facility and the NCQM for Oceania on the day of audit and escalated to the Oceania national office. As this was escalated quickly and because the facility has enough water on site to meet older WREMO guidelines, this has been rated as low risk.	Heretaunga has insufficient water stored onsite to meet the current The National Emergency Management Agency guidelines for the area.	Provide evidence that Heretaunga has sufficient water stored onsite to meet The National Emergency Management Agency guidelines for the area. 180 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.