

# Cambridge Life Limited - Cambridge Life

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## 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:** Cambridge Life Limited

**Premises audited:** Cambridge Life

**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: 5 November 2025      End date: 6 November 2025

**Proposed changes to current services (if any):** Decrease in maximum capacity of beds from 57 to 55

**Total beds occupied across all premises included in the audit on the first day of the audit:** 44

# Executive summary of the audit

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## 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

Cambridge Life provides residential aged care services for residents who have been assessed as requiring hospital, rest home and/or dementia care. The facility is certified for up to 57 residents, but on the days of audit, the service provider advised it wanted to decommission two rooms as bedrooms and reduce its maximum capacity to 55. Notification of this to HealthCERT was initiated.

Significant changes to the service and facilities include the addition of eight dementia care (partial provisional audit in March 2025), a new facility nurse manager (NM) who commenced the role in January 2025, and a recently appointed clinical nurse lead (CNL). The CNL is in training under the supervision of the NM, the roving RN support manager, and the group clinical manager until they are ready to assume the role of clinical nurse manager. The Sound Care group employed a general manager (GM) in 2024.

This certification audit process included review of policies and procedures, review of resident and staff files, observations, and interviews with residents, family members, the owner/director, and members of the senior management team (including the general manager, the group clinical manager, the cultural adviser, and the roving RN support manager), the NM and CNL, RNs, care and auxiliary staff, and a nurse practitioner.

The six corrective actions from the 19 March 2025 partial provisional audit which related to staffing, staff education, performance reviews, installation of cabinetry, safe access to outside areas and an approved fire evacuation scheme, have all been remedied and are now closed.

There was one improvement identified because of this audit. The food control plan had expired in May 2025.

## 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.

Cambridge Life works collaboratively to support and encourage a Māori worldview of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

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

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training, which is reflected in day-to-day service delivery. Residents are safe from abuse.

Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

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

## Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The governing body (owner/director and senior management team) assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti, and reducing barriers to improve outcomes for Māori and people with disabilities.

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

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes the collection and analysis of quality improvement data, identifies trends, and leads to improvements. Actual and potential risks are identified and mitigated.

The National Adverse Events Policy is followed, with analysis and review of all incidents supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe, equitable service delivery.

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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When people enter the service, a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and whānau.

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

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

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

The food service meets the nutritional needs of the residents, with special cultural needs catered for. Food is safely managed.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical and biomedical equipment is tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of people with disabilities.

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

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

<p>Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.</p>		<p>Subsections applicable to this service fully attained.</p>
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The governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.


The infection control coordinator is involved 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 promotes responsible prescribing of antimicrobials. Infection surveillance is undertaken, with follow-up action taken as required.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective 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.
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The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There was one resident using bedrails as a restraint at the time of audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	28	0	1	0	0	0
Criteria	0	175	0	1	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Cambridge Life has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. The Sound Care Group appointed a cultural adviser in 2025, and the care home is maintaining relationships and liaison with local Māori organisations to support service integration, planning, equity approaches, and support for Māori. There is an overarching Māori Health Plan that outlines Māori models of health care, a Māori resource manual which describes te ao Māori specific to kaumātua and includes, for example, karakia, waiata, common te reo Māori, and guidance on tangihanga. Recently, a Rautaki, Māori and Cultural strategy has been introduced that describes integrating cultural practices with clinical interventions and includes equity as it relates to health care. There are culturally appropriate assessment and care plans in use for residents who identify as Māori. Approximately 11% of the residents had recognised Māori lineage.</p> <p>Māori residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>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 is documented</p>

		on recruitment and trended.
<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>The Sound Care Group has an overarching Pacific health plan that aligns with Ola Manuia and detailed policies that describe the cultural practices for specific Pacific nations. Cambridge Life identifies and works in partnership with local Pacific communities and organisations to support culturally safe practices for Pacific peoples using the service, and on achieving equity. Partnerships enable ongoing planning and evaluation of services and outcomes.</p> <p>Pacific residents interviewed felt their worldview and cultural and spiritual beliefs were embraced.</p> <p>Active recruitment, training and actions to retain a Pacific workforce are supported. There are Pacific staff employed across roles.</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>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p> <p>Māori mana motuhake is observed during service delivery, as confirmed by residents and whānau in interviews.</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>	FA	<p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room.</p>

		<p>Te reo Māori and tikanga Māori are promoted within the service through the activities programme, policy titles and locations have te reo translation, and all meetings are commenced with a karakia. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha are responded to, including their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>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.</p>	FA	<p>Staff understood the service’s policy on abuse and neglect, including what to do should there be any signs of such behaviour. There were no examples of discrimination, coercion, or harassment identified during the audit through staff, resident or whānau interviews, or in documentation reviewed.</p> <p>Residents’ property is labelled on admission, and they reported that their property is respected. Residents’ cash is stored in a safe in the nurse manager’s office for security.</p> <p>Professional boundaries are maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model.</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. 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>	FA	<p>Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents’ health status were communicated to relatives/whānau in a timely manner. Where other agencies were involved in care, communication had occurred.</p> <p>Examples of open communication were evident following adverse events and during management of any complaints.</p> <p>Staff knew how to access interpreter services, if 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>Residents and/or their legal representative are 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.</p> <p>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. Signed admission agreements were available in residents' files.</p> <p>Advance care planning, establishing and documenting of enduring power of attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record. EPOA documents for the resident in the dementia care unit were activated.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted showed that complaints are acknowledged in writing within five days of receiving them and that complainants had been informed of findings during and following investigation. The four complaints received in 2024 were resolved and closed, and two complaints recently received were still open pending an outcome. Where possible, improvements had been made because of the investigation.</p> <p>The service assures the process works equitably for Māori by having the complaints process available in te reo Māori and by offering Māori advocacy.</p> <p>A complaint was received by Health New Zealand – Te Whatu Ora in mid-2024, which was investigated and closed soon after. There is a complaint from 2023 under investigation by the Office of the Health and Disability Commissioner.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The owner/director assumes accountability for delivering a high-quality service across all five (soon to be six) aged care facilities, with support from the senior management team, which comprises a general manager, group clinical manager, a roving RN support manager, an HR manager, and a cultural advisor who provides meaningful and substantive input to the group policy and processes. All these people have demonstrated competency in health equity, Te Tiriti o Waitangi, and cultural safety. The executive team also includes a finance manager and a payroll manager, who support the senior management team. Compliance with legislative, contractual and regulatory requirements is overseen by the senior management team and director, with external advice sought as required.</p> <p>The group's five year (2025–2030) strategic plan identifies the purpose, mission, values, direction and goals for the organisation. The goals were being monitoring and reviewed for progress at planned intervals; the plan is reviewed annually or as required. Each care facility has its own annual business plan, which aligns with the strategic plan goals and guides service delivery.</p> <p>A sample of management reports showed information to monitor performance is collected in relation to adverse events, health and safety, restraint, compliments and complaints, staffing, infection control, and all other aspects of the quality risk management system.</p> <p>Minutes of monthly facility managers' and senior management meetings demonstrated a commitment to improving outcomes and achieving equity for Māori. The nurse manager also submits monthly data to the GM on enquiries, admissions, occupancy, meetings held, training, internal audit results, and key quality data such as complaints and compliments, adverse events, infections, restraint, pressure injuries, interRAIs completed and due, and staff injuries or matters that may involve the Accident Compensation Corporation (ACC) .</p> <p>Organisational goals aim for integrated service delivery, and mana motuhake values are embedded into all levels of practice for residents. Policy outlines the service's commitment to improved outcomes and equity for Māori, Pacific peoples, and tāngata whaikaha. Internal support for te ao Māori and Pacific peoples is</p>
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		<p>available from the cultural advisor, through staff input, and from local health or community organisations. Māori resident health care plans align with policy and procedures.</p> <p>An experienced and suitably qualified person, who is a registered nurse with current practicing certificate, manages the facility and day-to-day service delivery. A clinical nurse lead oversees residents' care with support from the NM and senior clinicians within the group. The clinical nurse lead had recently graduated with a Bachelor of Nursing and was previously employed as an enrolled nurse and health care assistant at the facility.</p> <p>Clinical governance is overseen by the group clinical manager in consultation with the other RNs, contracted general practitioners and nurse practitioners, and community specialist nurses. This was confirmed by interview with a visiting nurse practitioner.</p> <p>Cambridge Life is certified for 57 beds but intends to decommission two hospital bedrooms to provide a maximum of 55 beds. These rooms have been converted to storage and a television room. The 55 maximum capacity beds will comprise eight beds dedicated for dementia care, 19 for hospital-level care, and 28 dual purpose beds. Notification to HealthCERT was initiated during this audit.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora to provide services under the Age-Related Residential Care Agreement (ARRC) for medical services; hospital services - geriatric services (excl. psychogeriatric); and rest home care including dementia care. It is also contracted to provide short-stay/respice and day care services and services to people under the Long-Term Support – Chronic Health Care (LTS-CHC) scheme. On the first day of audit, there were 44 residents receiving care and support. Nineteen residents were receiving rest home-level care, and 24 residents were assessed at hospital-level care. There was one resident in the memory care unit. Two of the hospital residents were under 65 years of age and funded under the LTS-CHC scheme. A hospital resident was transferred to public hospital on day two of the audit, and there was one person regularly attending the day-stay programme.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a well-embedded and planned quality and risk system that reflects the principles of continuous quality improvement. This includes current policies and procedures, internal audits, the collection and analysis of adverse events, management of complaints, monitoring of key performance targets, restraint and infections events, and annual resident/relative and staff satisfaction surveys. Residents, whānau and staff contribute to quality improvement through regular meetings and informal discussions. The most recent satisfaction survey of residents/relatives in October 2025 had 28 participants and revealed an overall satisfaction rating of 84%. Feedback from the October staff survey was positive and a small number of actions for follow-up were identified.</p> <p>The results and actions to be implemented in response to both the resident/relative and staff surveys were displayed on noticeboards in the main corridor. These and statistics of quality data had been presented at monthly RN and general staff meetings, as confirmed by the sample of meeting minutes reviewed.</p> <p>Critical analysis of practices and systems, using ethnicity data, identifies possible inequities and the service works to address these. Delivering high-quality care to Māori residents is supported through the cultural adviser, tikanga, equity and Te Tiriti training, the Māori health plan, a Māori resource manual, and the recently adopted Rautaki, Māori and Cultural strategy. All staff have reliable and easy access to internal and external cultural support.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes and key performance targets is evaluated.</p> <p>The policies reviewed were current and covered all necessary aspects of the service, including legislative regulatory and contractual requirements.</p> <p>The GM and NM understood and described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>Staff document adverse and near-miss events in line with the</p>
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		<p>National Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The GM and NM understood and have complied with essential notification reporting requirements. Changes in management, a missing resident, COVID-19 outbreak, fracture, and an unstageable pressure injury had been notified appropriately year-to-date in 2025. There had been no police investigations, coroner's inquests, or issues-based audits since the 2024 surveillance audit.</p>
<p><b>Subsection 2.3: Service management</b></p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.  Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.  As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. The numbers of care staff allocated to each wing in the facility reflected the number of residents, their acuity, and the tasks/workload for each shift. There was one suitably skilled and experienced HCA allocated for 12-hour shifts (7am to 7pm and 7pm to 7am) in the dementia/memory care unit for one resident on the days of audit. There had been no more than two residents in the unit since it opened. The corrective action from the partial provisional audit in March 2025 related to allocation of suitably qualified staff for dementia care is now closed.</p> <p>A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. All staff are maintaining current first aid certificates. There are 24/7 RN coverage and the NM and clinical lead nurse share on-call after-hours duties. The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. Related competencies are</p>

		<p>assessed and support equitable service delivery and the ability to maximise the participation of people using the service, and their whānau. High-quality Māori health information is accessed and used to support training and development programmes, policy development, and care delivery.</p> <p>Care staff have either completed or commenced a New Zealand Qualifications Authority education programme to meet the requirements of the provider's agreement with their funder. Staff working in the dementia care area have either completed or are enrolled in the required education – see below. Of the 13 health care assistants (HCAs) employed, nine are at Level 4 of the National Certificate in Health and Wellbeing and one is at Level 2. Three HCAs are at Level 7 on the New Zealand Qualifications Authority (NZQA) framework.</p> <p>Seven staff have completed the dementia unit standards and only these staff or others who have commenced the required dementia education are rostered in the memory care unit. This confirmed that the corrective action identified at the partial provisional audit is closed.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Staff reported feeling very well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records (seven) reviewed confirmed the organisation's policies are being consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration had been validated prior to employment. All the RNs employed had current practicing certificates, as did the NP and other regulated health providers who deliver services to Cambridge Life.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in the staff files reviewed.</p>

		<p>Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed. The corrective action identified at the partial provisional audit is closed.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements.</p> <p>There are policy and processes for staff to be involved in a debrief and discussions following any serious incidents or challenging situations, although this had not been required since the previous audit.</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>	FA	<p>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. Information is accessible for all those who need it.</p> <p>Files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>The service is not responsible for NHI registration. Criterion 2.5.3 was not audited.</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</p>	FA	<p>Residents enter Cambridge Life when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. Residents enter the service based on documented entry criteria available to the community and understood by staff. The entry process meets the needs of residents. The EPOA for the resident in the dementia care unit has given consent for admission, and specialist services have approved the resident's admission to the secure dementia care unit. Whānau interviewed were satisfied with the admission process and the information that had been made</p>

<p>reasons for this decision is documented and communicated to the person and whānau.</p>		<p>available to them on admission.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed monthly, including decline rates for Māori.</p> <p>The service has developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service. The organisation’s strategy and cultural adviser is available to provide cultural advice.</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>The multidisciplinary team works in partnership with the resident and whānau to support wellbeing. A care plan, based on the provider’s model of care, is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person’s lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>Assessment is based on a range of clinical assessments and includes 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 meet contractual and policy requirements. Staff understand and support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents’ records, and from interviews of clinical staff, residents and whānau.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Behaviour management plans are completed, with identified triggers and strategies to manage the identified behaviours documented. Behaviour monitoring charts are completed for identified behaviours of concern. Residents’ goals of care and whānau goals and aspirations identified are documented in the care plan where applicable. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident</p>

		<p>and/or whānau. Residents and whānau confirmed active involvement in the process.</p> <p>Tāngata whaikaha participate in service development through the assessment and care planning processes. Examples of choices and control over service delivery were discussed with staff/tāngata whaikaha/whānau. Tāngata whaikaha/whānau can independently access information.</p> <p>Residents' records, observations and interviews verified that the care provided to residents was consistent with their assessed needs, goals and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The nurse practitioner (NP) expressed satisfaction with the care being provided to residents.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme supports residents to maintain and develop their interests and was suitable for their age and stage of life. A registered diversional therapist leads the activities programme. They are supported by the care staff in the dementia unit.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals, interests and ordinary patterns of life, and included normal community activities. A variety of activities are offered. Activities on the calendar include celebration of Waitangi Day and Matariki, weekly holy communion services for Catholics, residents are escorted to a nearby church on Sundays, house, bowls, arts and craft, board games and exercise sessions. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Community initiatives meet the needs of Māori. Residents were observed participating in a variety of activities on the days of the audit.</p> <p>Feedback on the programme is provided through monthly residents' meetings that are chaired by a resident representative. Those interviewed confirmed they found the programme met their needs.</p> <p>Activities planned for residents in the dementia care unit are</p>

		<p>structured to meet the residents' needs, and the DT stated that these can be changed when required. The resident in the dementia care unit had one-to-one support provided and was able to access the secure garden around the unit. The resident can join group activities in the rest home. A 24-hour activity plan was completed for the resident in the dementia care unit.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system was observed on the days of audit. All staff who administer medicines are competent to perform the function they manage. Current medicine administration competencies were in staff files.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. Medicine-related allergies or sensitivities are recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, are supported to understand their medications.</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,</p>	<p>PA Low</p>	<p>The food service is in line with recognised nutritional guidelines for people using the services. The menu was reviewed by a qualified dietitian on 6 May 2025. Recommendations made at that time have been implemented.</p>

<p>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.</p>		<p>The food control plan on site on the days of the audit had expired.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets, and modified texture requirements are accommodated in the daily meal plan. Māori and their whānau have weekly menu options that are culturally specific to te ao Māori. Residents are involved in baking activities through the activities programme.</p> <p>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. Snacks and drinks were provided to residents 24 hours a day.</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>Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. A documented policy is available to guide care. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative.</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</p>	FA	<p>Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose and well maintained, and that they meet legislative requirements. Cambridge Life care home is now configured into four distinct wings – Hospital, Central, West, and the new memory care unit.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm.</p>

<p>maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function.</p>		<p>Personalised equipment (such as bariatric chairs, customised wheelchairs and other mobility equipment) was available for residents with disabilities to meet their needs. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. The corrective actions identified at the partial provisional audit have been completed. There is a ramp and safe disability access to outside areas from the memory care unit, and secure storage has been installed.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p> <p>The current environment is inclusive of people’s cultures and supported cultural practices. Consultation about the design of the memory care unit occurred prior to refurbishment to ensure the environment reflected the identity of Māori.</p>
<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>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. Fire drills occur every six months, most recently in June 2025. The fire evacuation plan was reviewed and approved by Fire and Emergency New Zealand (FENZ) on 25 July 2025. The corrective action required from the partial provisional audit in March 2025 is confirmed as closed.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. An additional 900-litre water tank has been installed this year, which ensures there is at least 1800 litres of water immediately available. There are sufficient stored food, clinical supplies and bottled oxygen for use in the event of power outage or long-term disruption. The facility has battery powered lighting and gas cooking and an agreement with a local hire firm for generator. The Sound care group indicated their plan to purchase a mobile generator for use between two aged care</p>

		<p>facilities- Steele Park Hamilton and Cambridge Life. There had been no power outages to test the effectiveness of their current arrangements since Sound care acquired the facility.</p> <p>All staff are supported to maintain current first aid certificates. The seven staff files sampled contained evidence of valid certificates.</p> <p>Call bells alert staff to residents requiring assistance. Maintenance staff check that all call bells are functioning each month. Residents and whānau reported that staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Residents and whānau were familiarised with emergency and security arrangements, as and when required.</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>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system, and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and significant events to the governing body.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme, with reporting lines to senior management or the governance group. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the advice of the committee has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. The IP programme is reviewed annually; it was last</p>

		<p>reviewed in January 2025. Cultural advice is accessed where appropriate.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for the decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single-use medical devices are not reused.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Responsible use of antimicrobials is promoted. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use monthly and identifying areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data, using standardised surveillance definitions, is collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance includes ethnicity data. Results of the surveillance programme are</p>

<p>specified in the infection prevention programme, and with an equity focus.</p>		<p>shared with staff and the governance body, and where necessary, recommendations for improvement are identified. Two infection outbreaks reported since the previous audit were managed effectively, with appropriate notification completed. A summary report for a recent infection event demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been incorporated into practice.</p> <p>Communication between the clinical team and those residents experiencing a health care-associated infection (HAI) is culturally safe, as confirmed in interviews.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate 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 antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. Laundry and cleaning policies and procedures are available to guide staff practice.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The Sound Care Group aims to have restraint-free environments at each of its facilities. The owner/director and senior management team demonstrated commitment to this. Systems and methods to prevent and minimise the use of restraint are facilitated by the group clinical manager, roving RN clinical support, and designated restraint coordinators at operational level. The restraint coordinator at Cambridge Life is an experienced RN. This person's training records confirmed that they had completed recognised best-practice</p>

		<p>education about restraint.</p> <p>At the time of audit, one resident required raised bed rails when in bed, which had been the case since 2023. Six-monthly reviews of the need to continue this, and monitoring records, were sighted. Alternatives to restraint were observed to be in use for other residents.</p> <p>All use of restraint is reported monthly to the owner/director and senior management team by the facility manager.</p> <p>Policies and procedures meet the requirements of these standards. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint approval group is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Whānau/EPOA are involved in decision-making.</p> <p>Criterion 6.1.2 was not audited as it is not a requirement for aged care services.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>When restraint is used, this is as a last resort when all alternatives have been explored. Assessments for the use of restraint, monitoring and evaluation was documented and included all requirements of the standard. Whānau confirmed their involvement. Access to advocacy is facilitated as necessary.</p> <p>Monitoring of restraint is undertaken by HCAs and overseen by the RN restraint coordinator. Monitoring and assessment take into consideration the person's cultural, physical, psychological, and psychosocial needs and addresses wairuatanga.</p> <p>A restraint register is maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record, including all requirements of the standard.</p>

		<p>No emergency restraint has been used since the previous audit. In the event of an emergency restraint, any person affected may access support and a person-centred debrief with the most appropriate member of the workforce.</p> <p>Criterion 6.2.8 was not audited as it does not apply to aged residential care services.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	FA	<p>The restraint committee undertakes a six-monthly quality review of all restraint use, which includes all the requirements of the standard. The outcome of the review is reported to the senior management team and the director/owner. Any changes to policies, guidelines, education and processes are implemented if indicated. The use of restraint has halved (from two to one resident requiring restraint) since the previous surveillance audit in July 2024.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 3.5.5 An approved food control plan shall be available as required.	PA Low	The food control plan sighted on the days of the audit had expired on 9 September 2025. The service was in the process of renewing the food control plan. An external food verification audit was completed in May 2024.	The food control plan had expired.	Ensure the food control plan is renewed to meet criterion requirements.  180 days

## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.