

Ashbury Heights Limited - Ashbury Heights Limited

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Ashbury Heights Limited
Premises audited:	Ashbury Heights Limited
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 11 November 2025 End date: 12 November 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	31

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Ashbury Heights Limited (referred to as Ashbury Heights in the report) provides rest home, and hospital level care for up to 61 residents. There were 31 residents on the day of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with families, residents, management, staff, and the general practitioner.

The facility nurse manager is appropriately qualified and experienced and is supported by a clinical nurse manager. There are quality systems and processes being implemented. Feedback from residents and families were positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified that the service is meeting the Standard.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

Qestral Ashbury Heights provides an environment that supports residents' rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan. The service works collaboratively to embrace, support, and encourage a Māori view of health and provide high-quality and effective services for residents.

The service care philosophy focuses on achieving equity and efficient provision of care for all ethnicities, including Pacific residents. Residents receive services in a manner that considers their dignity, privacy, and independence. Qestral Ashbury Heights provides services and support to people in a way that is inclusive and respects their identity and their experiences.

The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

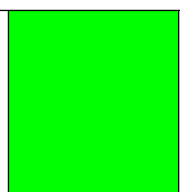
The business plan includes a mission statement with clear objectives. The service has established quality and risk management systems that take a risk-based approach. The internal audit process implemented monitors all aspects of service delivery. Staff

meetings are scheduled monthly. Quality data is collated, analysed, and reported on. Corrective actions are implemented where opportunities are identified. Health and safety and hazard management systems are implemented.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. Staff are skilled and knowledgeable to provide cares for rest home, and hospital level of care residents.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The facility nurse manager and clinical nurse manager efficiently manage entry processes. The registered health professionals and the general practitioner assess residents on admission. The service works in partnership with residents and family/whānau to assess, plan and evaluate care. Care interventions were individualised and appropriate for residents. Residents are reviewed regularly and referred to specialist services and to other health services as required. Transfers and discharges are managed in a safe manner.

The planned activity programme promotes residents to maintain their links with the community and meet the health needs and aspirations of Māori and family/whānau. Residents and family/whānau expressed satisfaction with the activities programme in place.

There is a safe medication management system in place. Medicine is safely stored and administered by staff with current medication administration competency. The service uses an electronic system for prescribing and administration of medications. The general practitioner is responsible for all medication reviews.

The food service meets the nutritional needs of the residents, with special needs catered for. Food is safely managed. The service has an approved food control plan, and a current menu is in use. Residents verified satisfaction with meals.

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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Resident areas were observed to be personalised and reflective of individual and cultural preferences. External areas are safe and well maintained, with appropriate seating and shaded spaces that support the needs of people with disabilities. Fixtures, fittings, and flooring are suitable for the care environment, and toilet and shower facilities are designed for ease of cleaning and are conveniently located.

Systems and supplies are in place to support essential, emergency, and security services. Required testing, tagging, and calibration of equipment is completed as scheduled. A current building compliance schedule statement is in place.

Fire and emergency procedures are documented, and trial fire evacuations are conducted as required. Adequate emergency supplies are maintained. All staff receive training in the management of emergencies. A call-bell system is installed and observed to be responded to promptly. Hazards are identified and managed, with appropriate controls and interventions implemented.

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

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

Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers, and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

There has been an infection outbreak since the previous audit. This was appropriately reported and effectively managed.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place, and incidents are reported in a timely manner. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these 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.

The service is committed to maintaining a restraint-free environment. This commitment is supported by the governance body, the management team, and current organisational policies and procedures. Restraint was not in use at the time of the audit.

Maintaining a restraint-free environment forms part of the mandatory education and training programme. Staff interviewed demonstrated a sound understanding of restraint minimisation principles, including that approved restraint is used only as a last resort. Documentation and staff responses confirmed that least-restrictive practices, de-escalation strategies, and alternative interventions are consistently considered and implemented when required.

Summary of attainment

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

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

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The Māori health plan includes guidelines for the provision of care in line with cultural safety and the Treaty of Waitangi expectations. The Māori health plan references cultural awareness and cultural responsiveness to Māori perspective of health. Family/whānau and resident's involvement is encouraged in assessment and care planning; evidenced during interviews with five family/whānau (four hospital, one rest home) and six residents (two hospital level and four rest home).</p> <p>During the audit, there were residents who identified as Māori living in the facility. A Māori health plan is available to ensure the service supports Māori and family/whānau.</p> <p>The service maintains liaison with Health NZ Māori liaison service who can assist with cultural advice, rongoā, mirimiri or other tikanga practices. Te Tiriti o Waitangi is reflected through policies and procedures.</p> <p>The facility nurse manager confirmed that the service supports a Māori workforce. There were staff identifying as Māori at the time of the audit. The service supports increasing Māori capacity by employing more Māori staff members through a fair and equitable employment process. Staff confirmed they are supported in a</p>

		<p>culturally safe way and that their mana and culture is respected. Ethnicity data is gathered when staff are employed, and this data is analysed at a senior management level.</p> <p>The facility nurse manager, clinical nurse manager, clinical operations manager; and staff interviewed (three registered nurses, three healthcare assistants, one diversional therapist, one laundry, one housekeeper, one maintenance manager, one chef, and one operations manager from the external provider of food services), were able to describe how care is based on the resident's individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>All residents state their ethnicity and cultural preferences on admission. There were no residents that identified as Pasifika, or staff who identified as Pasifika at the time of audit. Individual cultural beliefs are documented in residents care plans and activities plans. The organisation's Pacific Health Plan includes information on Pacific health, and the plan has been developed in association with representatives from the Pasifika community. The policy states Pacific models of care will be utilised within the plan of care when indicated.</p> <p>The facility nurse manager encourages and supports any staff that identify as Pasifika through their employment process and training opportunities. Staff have attended training and education in delivering culturally safe care by understanding cultural, and spiritual beliefs of the Pacific peoples.</p> <p>Interviews with staff, residents (two hospital level and four rest home), family/whānau and documentation reviewed identified that the organisation's philosophy of 'equality, respect and dignity for all' is reflected in all areas of service delivery.</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>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) to Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in</p>

<p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>the information pack that is provided to new residents and their family/whānau. The facility nurse manager, clinical nurse manager, and registered nurses discuss aspects of the Code with residents and their family/whānau on admission.</p> <p>Discussions relating to the Code are held during the bi-monthly resident/family meetings. Family/whānau interviewed reported that the service is upholding the residents' rights and confirmed that the residents are treated with respect and that their independence and choices are supported and encouraged.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available to residents and family/whānau. There are links to interpreter services and independent support.</p> <p>Staff receive education in relation to the Code at orientation and through the annual training programme which includes (but is not limited to) understanding the role of advocacy services and the complaints process. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori autonomy, and support values and beliefs as documented in policy, and confirmed in staff 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>	<p>FA</p>	<p>The healthcare assistants (HCAs) and registered nurses (RNs) interviewed described how they support residents to choose their own routine. Family/whānau, residents, and staff interviewed stated the residents are given choice. Residents are supported to make decisions about whether they would like family/whānau to be involved in their care or other forms of support with examples provided.</p> <p>The services annual training plan reflects training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. All residents have their own room, each with their own ensuite. Satisfaction surveys completed each year confirmed that residents and family/whānau are treated with respect. This was also confirmed during interviews with family/whānau.</p>

		<p>An intimacy and sexuality policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Family/whānau interviewed were positive about the service in relation to each resident's values and beliefs being considered and met. Privacy is ensured and independence is encouraged. The service has a system where each resident's door has a hotel like sign identifying whether care is being provided and not to enter.</p> <p>Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is implemented.</p> <p>Policies and procedures support tikanga Māori and encourage the use of te reo. Education records and staff interviews verified that Te Tiriti o Waitangi training is provided, and staff described how they implemented this knowledge when engaging in discussions with residents or providing cares to residents.</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>	<p>FA</p>	<p>Service policies, house rules, and code of conduct describe procedures to protect people from abuse, discrimination, and neglect. House rules and a staff code of conduct are discussed during the new employee's induction to the service. This code of conduct addresses harassment, racism, and bullying. There are processes in place to manage resident's petty cash.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. An abuse and neglect policy is being implemented. All staff are held responsible for creating a positive, inclusive and a safe working environment, as stated in staff interviews. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy, sharing of information, and the house rules. Cultural diversity is acknowledged, and staff are educated to look for opportunities to support Māori. Te Whare Tapa Whā is recognised and implemented with the aim to improve</p>

		<p>outcomes for Māori residents and tāngata whaikaha. Specific cultural values and beliefs are documented in the resident's cultural assessment tool and care plans and this is the foundation of delivery of care`.</p> <p>Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with care staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Information is provided to residents and family/whānau on admission. Bi-monthly resident and family/whānau committee meetings identify feedback from residents and consequent follow up by the service.</p> <p>Effective communication pathways were maintained for the reporting and management of the recent Covid-19 outbreak. The service communicates with other agencies that are involved with the resident such as Health New Zealand and Public Health.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Ten accident/incident forms reviewed consistently indicated next of kin have been informed of an accident/incident. This was also confirmed during interviews with family/whānau.</p> <p>The residents and family/whānau are informed prior to entry of the scope of services through the signed admission agreement.</p> <p>An interpreter policy and contact details of interpreters is available and are used where indicated. Staff explained support can be provided through family interpreters and the use of electronic translation platforms and flash cards when required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices</p>	FA	<p>There are policies around informed consent. The resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for vaccinations were also on file where appropriate. Residents and</p>

<p>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>family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where available.</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>All incoming residents and family/whānau are provided with easy-to-understand information about how to raise concerns/complaints and compliments, what to expect through the process and their right to support and advocacy. The facility nurse manager maintains records of complaints, actions taken, and resolution in an electronic and paper-based format.</p> <p>Ten complaints have been received since the previous audit. The complaints were acknowledged, investigated, and managed in line with Right 10 of the Code. The records showed the complaints had been resolved to the satisfaction of the complainants. There have been no external complaints.</p> <p>The facility nurse manager confirmed that they address concerns as they arise. Staff are informed of any complaints received through staff meetings and meeting minutes.</p> <p>Discussions with family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held. Information is available and accessible in te reo Māori and the facility nurse manager and clinical manager both have an open-door policy to ensure concerns are addressed in person with</p>

		<p>family/whānau involvement.</p> <p>Residents and family/whānau making a complaint can involve an independent support person in the process if they choose.</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>Ashbury Heights is a purpose-built facility in Whangarei. The facility has one level and includes a total of 61 dual-purpose (hospital and rest home) beds.</p> <p>At the time of the audit, there were 31 beds occupied: 11 residents at rest home level; and 20 residents at hospital level of care, including one on respite care, and two funded by the Accident Compensation Corporation (ACC). The remaining residents were under the age-related residential care (ARRC) contract.</p> <p>The Governance Board consists of seven board members. One Board member identifies as Māori. All Board members have experience in owning and building aged care facilities and villages. The Board members have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity, and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori and tāngata whaikaha. The Board meets two-monthly. A weekly and monthly reporting structure informs the senior management team and Board. The working practices at Ashbury Heights are holistic in nature, inclusive of cultural identity, and respect connection to family/whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for residents.</p> <p>The senior management team is responsible for the overall leadership of the organisation. The clinical operations manager (who is a registered nurse), holds overall responsibility for clinical governance. The facility nurse managers across the organisation report to the clinical operations manager. There is a documented quality and risk management plan that is implemented and monitored through monthly combined staff and quality meetings.</p> <p>The Ashbury Heights business plan (2025-2026) has clearly identified</p>

		<p>their mission, services, and values which link to the strategic direction of Qestral Ltd. Identified goals are regularly reviewed with outcomes reported. Tāngata whaikaha have meaningful representation through bi-monthly resident meetings and an annual satisfaction survey. The service benchmarks all their quality data and presents and discuss the data at meetings. The management team review the results of quality data, benchmarking, and feedback from residents and family/whānau to identify barriers to care, to improve outcomes for all residents and to provide critical analysis of organisational processes. The management team have an open and transparent decision management process that includes regular staff and family/whānau residents' meetings.</p> <p>The facility nurse manager is an experienced registered nurse, who has been in aged care management for over 10 years. They have overall responsibility for the service. The facility nurse manager reports to the clinical operations manager. The management team have completed over eight hours annually of training in relation to managing aged care services.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Ashbury Heights has a documented quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits, through the collection of clinical indicator data and benchmarking. Monthly meetings are scheduled. Meetings include a monthly joint staff and quality meeting, monthly health, and safety meetings, and two monthly infection control meetings. There are monthly RN meetings where quality data are discussed and opportunities to minimise risk are identified. Meeting minutes reviewed evidenced there is a comprehensive review and discussion around all areas, including (but not limited to): infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing, education; quality data; health and safety; hazards; service improvement plans; emergency processes; incidents and accidents; internal audits; and infections. Meetings have occurred as scheduled.</p> <p>The internal audit schedule is being implemented, and corrective actions are documented where indicated to address service</p>

		<p>improvements, with evidence of progress and closure when achieved. Quality data and trends in data are posted on a quality noticeboard. A quality improvement register is maintained that keeps record of quality initiatives.</p> <p>The 2025 resident and family/whānau satisfaction survey has been completed and indicates that residents have reported satisfaction with the service provided. Results of the survey have been collated and analysed, with corrective actions implemented for the areas below expectations. Survey results were communicated to staff, residents and family/whānau (meeting minutes sighted). Cultural safety is embedded within the documented quality programme and include staff training to ensure staff are equipped to provide high quality care for Māori.</p> <p>A risk management plan is in place. Health and safety meetings have taken place as scheduled. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. The hazard register is current. Staff including agency staff and contractors are orientated to the facility's health and safety programme. Report forms are completed for each incident/accident, has a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in ten accident/incident forms reviewed. Data is collated, trends are identified, and residents of concern are discussed at handover, clinical review meetings, and quality improvement meetings.</p> <p>Discussions with the managers evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed to notify HealthCERT for a change in management, and an outbreak, and notifications to the Health Quality and Safety Commission for a pressure injury, and two falls with injury.</p> <p>There has been one outbreak since the previous audit, which was reported appropriately.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing rationale policy that describes rostering requirements. The facility nurse manager, clinical nurse manager, and staff interviewed confirmed staff are increased to include changes in acuity of residents and in the times of outbreak events. Staff reported they covered shifts for absences and sick leave.</p> <p>Interviews with staff confirmed that overall staffing of care support staff is adequate to meet the needs of the residents. The staff reported excellent teamwork amongst staff. Residents and family/whānau interviewed stated they were satisfied with the number of staff available at all times.</p> <p>The facility nurse manager and clinical nurse manager work full time Monday to Friday. There is an on-call roster. There is 24-hour RN cover in the facility. Staff interviews confirmed a supportive, accessible management team. Staff reported feeling well supported and safe in the workplace.</p> <p>The service supports and encourages healthcare assistants (HCAs) to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-four HCAs are employed. Fifteen HCAs have achieved a level three NZQA qualification or higher. There is support from an assessor.</p> <p>All staff are required to complete competency assessments as part of their orientation and annually as part of the education programme. Competency assessments include (but are not limited to) restraint; moving and handling; hand hygiene; and donning and doffing of personal protective clothing. A record of completion is maintained on their file. Additional RN specific competencies are listed and scheduled annually to include syringe driver and interRAI assessment competency. Eleven of thirteen RNs employed are interRAI trained.</p> <p>There is an annual training schedule with a monthly focus. There has been a recent focus on training related to cultural training; cultural diversity and health equity; person centred care; prevention of abuse and neglect; dementia; respect and communication; sexuality; infection prevention and donning and doffing of personal protective equipment (PPE). Training sessions are delivered face to face and via the use of an electronic training platform. Other topics covered</p>
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		<p>include (but are not limited to): fire safety; first aid; chemical safety; continence; pain management; challenging behaviour; palliative care; wound care; the Code; infection control/hand hygiene; food safety; documentation; observation; and reporting. Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Seven staff files reviewed (clinical nurse manager, three healthcare assistants, one registered nurse, one diversional therapist, and an administrator) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for health professionals. All staff who had been employed for over one year had an annual appraisal completed.</p> <p>The service has implemented an orientation programme that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support staff to provide a culturally safe environment for the residents.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. Records contain information that meets the requirements of the Health Information Standards Organisation (HISO). Staff ethnicity data is recorded and used in accordance with HISO.</p> <p>Staff wellness is given priority. Staff incidents are recorded and fully investigated. Staff are debriefed following incidents and supported to return to work.</p>

<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident hard copy information is held in a secure area. All resident files are on an electronic management system. The service is not responsible for National Health Index registration. Archived records are stored securely. Electronic information (e.g., meeting minutes, business plan) is backed up using iCloud technology. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures are documented and include the designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Accurate and comprehensive information about the services provided is included in the admission pack. This information is explained and discussed with prospective residents and their whānau as required. Residents are accepted into the service only after their required level of care has been assessed and approved by the local Needs Assessment and Service Coordination (NASC) service.</p> <p>Records reviewed showed completed and signed admission agreements and informed consent forms. Residents and whānau interviewed confirmed they were satisfied with the admission process and the information provided to them on entry.</p> <p>Entry to service enquiries are managed by the Facility Nurse Manager (FNM) and the Clinical Nurse Manager (CNM). All resident information is stored confidentially in a locked cupboard within the nurses' station. The CNM advised that any delays to entry are communicated to residents and/or family/whānau, along with reasons and expected timeframes. Processes are in place for informing prospective residents of a decline to entry, including providing them with alternative service options.</p> <p>The service maintains a log of all enquiries and admissions. Routine analysis is conducted to monitor entry and decline rates, including specific monitoring of Māori entry and decline data. The service has</p>

		<p>established relationships with Māori cultural organisations and iwi-based community supports, ensuring cultural guidance and support is available to Māori residents and their family/whānau when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Six residents' files were reviewed as part of the audit sample. The sample included four hospital-level care residents included one resident funded by ACC for respite care, and two residents receiving rest home-level care.</p> <p>The registered nurses (RNs) and the clinical nurse manager (CNM) are responsible for completing admission assessments, developing, and evaluating care plans. The initial nursing assessments and initial care plans were developed within 24 hours of admission in consultation with residents, their enduring power of attorney (EPOA), and family/whānau as appropriate, with the resident's consent. Assessment tools used considered residents lived experiences, cultural needs, values, and beliefs. The initial interRAI assessments and long-term care plans were completed within three weeks of admission. The cultural safety assessment process acknowledges and validates Māori healing methodologies such as karakia, rongoā, and spiritual assistance. All RNs have completed cultural safety training. Residents confirmed they were able to practice their culture as desired. The service applies the Te Whare Tapa Whā model of care, supporting kaupapa Māori perspectives to guide the assessment process and identify pae ora (healthy futures) outcomes for residents who identify as Māori.</p> <p>A range of clinical assessments, referral information, observations, and NASC assessments formed the basis for care planning. Care plans demonstrated a strong focus on partnership and collaboration with residents, family/whānau, and extended whānau as applicable. Any barriers preventing tāngata whaikaha (people with disabilities) and their whānau from independently accessing information or services were identified, and strategies to address these were documented. Staff interviewed were familiar with these processes and able to describe how they support residents and whānau. Residents, EPOAs, and nominated whānau representatives confirmed their involvement in assessment and care planning. Long-</p>

	<p>term care plans reflected residents' strengths, goals, and aspirations, and identified early warning signs and risks that may affect wellbeing.</p> <p>Management of specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of care effectiveness. Behaviour management plans were in place for relevant residents. Wound care was managed effectively, with regular evaluation and documentation. Adequate wound care supplies were available.</p> <p>Service integration with medical and allied health professionals was evident in the residents' records. Changes in residents' conditions were promptly escalated to the general practitioner (GP), and referrals were made to specialist services as required. Evidence of referrals included those to mental health services for older adults, urology, diabetes specialists, wound care nurse specialists, ophthalmology, hospice, and radiology. The contracted GP service visits the facility twice weekly for routine reviews and urgent consultations. An after-hours on-call service is available as needed. GP assessments are completed within two to five working days of admission, with three-monthly routine reviews or more frequently if clinically indicated. Multidisciplinary team (MDT) meetings are completed within three to six weeks post-admission and subsequently every six months. Additional contracted services include podiatry (six-weekly) and hairdressing (weekly).</p> <p>Resident care is evaluated each shift by healthcare assistants and recorded in the progress notes. Acute changes in condition are promptly reported to the RN or CNM. Long-term care plans are reviewed at least six-monthly, following each interRAI reassessment. Short-term care plans are developed for acute issues, reviewed as clinically indicated, and signed off when resolved. Evaluations reflect progress toward residents' goals and aspirations. Where expected outcomes were not achieved, care plans were updated accordingly. When residents' conditions changed significantly, referrals were made to the NASC team for reassessment of level of care.</p> <p>Resident records, observations, and interviews verified that the care provided aligns with assessed needs, goals, and aspirations. A range of equipment and resources was available and appropriate for the levels of care provided. Residents and family/whānau confirmed their</p>
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		active involvement in care evaluation and planning and stated that care provided met their needs and expectations.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>A diversional therapist (DT) oversees the implementation and coordination of the activities and engagement programme. Each resident's activity needs, interests, abilities, and social requirements are assessed on admission, with input from residents and their whānau. These assessments are completed within three weeks of admission and used to develop individualised activity plans.</p> <p>A monthly activities calendar is developed and displayed on the electronic notice board, with each resident receiving a personal copy. Residents are invited and encouraged to participate in the scheduled activities daily. Each resident has a smart television in their room. The planned activities and community connections are appropriate for residents' needs and preferences. The programme includes a variety of individual and group activities such as daily walks, exercises to music, poi exercises, happy hour, church services, newspaper reading, floor and table games, visits from school children, library visits, community outings, music sessions, arts and crafts, and special celebrations. Regular group outings provide opportunities for social connection and engagement with the wider community. Opportunities for Māori and whānau to participate in te ao Māori is facilitated through community engagements with local a marae and by celebrating national cultural events and Māori language week.</p> <p>Bi-monthly resident meetings are held and serve as a forum for residents and whānau to provide feedback on activities, clinical care, and service improvements. Activity participation is recorded in residents' progress notes daily, with a monthly summary completed to evaluate engagement and inform future planning.</p> <p>On the days of audit, residents were observed actively participating in a range of activities. Residents and family/whānau interviewed reported a high level of satisfaction with the variety, relevance, and enjoyment of the activities provided.</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 service has a current medication management policy aligned with the Medicines Care Guide for Residential Aged Care. An electronic medication management system is in use, which supports safe and consistent prescribing, dispensing, administration, review, and reconciliation of medicines. Medication administration records are accurately maintained. Medications are supplied by a contracted pharmacy, and general practitioners (GPs) consistently complete three-monthly medication reviews.</p> <p>A total of twelve medicine charts were reviewed. Medications are prescribed by GPs and relevant specialists. Prescribing practices met legislative and policy requirements, including documentation of the prescriber's name, start and stop dates, and clear directions for 'as required' (PRN) medicines. Over-the-counter medicines and supplements were recorded where applicable. Allergies and sensitivities were documented on each chart. Standing orders are not used.</p> <p>The service uses pre-packaged medication rolls. Medications and related documentation are stored securely with restricted access to the medication storage room. Medication reconciliation is completed by registered nurses (RNs) upon receipt of new pharmacy packs and when residents return from external appointments or hospital transfers. Records sampled verified this process. All medicines reviewed were within current use-by dates. Clinical pharmacist input is available on request. Unwanted or expired medications are returned to the pharmacy promptly. Medication room and fridge temperatures are monitored and recorded and records seen were within the recommended range. Opened medications with a short shelf life were dated appropriately.</p> <p>A healthcare assistant and an RN were observed safely administering medications in line with policy and best practice. Residents and their whānau, are supported to understand their medicines. Where requested by Māori, the GP can access appropriate cultural support and Māori health advice related to treatment options.</p>

		<p>There were residents who were self-administering medications at the time of audit. Appropriate procedures are in place to ensure safe management. The service has a structured process for medication error analysis, with corrective actions implemented as needed. Medication audits are conducted regularly, and results are used for quality improvement.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service is outsourced to an external company, with all meals prepared and cooked on site. The kitchen is staffed by qualified chefs and kitchen hands who have completed appropriate food safety and hygiene training. Food is prepared in accordance with recognised nutritional guidelines for older people. The facility operates under an approved food control plan.</p> <p>Residents’ nutritional needs are assessed on admission in consultation with the resident and their whānau. Assessments identify preferences, allergies, intolerances, cultural needs, special diets, and texture modifications. This information is accessible in the kitchen folder. A four-week seasonal menu is used and was reviewed by a registered dietitian in August 2025.</p> <p>On the day of audit, the kitchen was clean, well-organised, and appropriately equipped, including specialised equipment to meet residents’ needs. Kitchen staff were observed adhering to infection prevention and control practices during food preparation and meal service. Current food-handling certificates were sighted in staff records. Thermometers undergo calibration every three months. Food, fridge, and freezer temperatures are recorded and within required ranges. All decanted foods were appropriately labelled with use-by dates, and no expired items were observed in dry stores.</p> <p>Kitchen staff demonstrated knowledge of residents’ dietary requirements. Weight monitoring is completed regularly, and nutritional supplements are provided for residents with identified weight loss. Snacks and fluids are available at all times. Residents have access to a tea and coffee machine they can use anytime. There are two dining rooms that residents use depending on their needs.</p>

		<p>Family/whānau and residents interviewed expressed satisfaction with the food service. The operations manager (external provider) advised that culturally specific meals are provided when requested and on special cultural days, including dishes aligned with te ao Māori. Mealtimes observed were calm and unhurried, with residents receiving appropriate assistance as needed.</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>	<p>FA</p>	<p>The service has a current transfer and discharge policy that clearly guides staff on required processes. Transfers and discharges are managed efficiently and in consultation with the resident, their whānau, and the GP. Escorts are provided as required. Residents experiencing acute or emergency conditions are transferred to the emergency department via ambulance.</p> <p>Appropriate documentation accompanies all transfers. Relevant clinical and medical information was sighted in sampled records, supporting continuity of care. The reason for transfer was consistently recorded in the transfer documentation and corresponding progress notes. Transfer and discharge planning reflected the resident's current needs and included relevant risk mitigation strategies. Referrals to allied health and specialist providers were completed when required to ensure residents' ongoing safety and care.</p> <p>Residents are supported to access or request referral to other health and disability services. Social support and Kaupapa Māori agencies are engaged where indicated or when requested by residents or whānau. Referrals for non-urgent specialist input are completed by the GP or registered nurses. Residents and family/whānau interviewed confirmed they were kept informed of the referral process and the reasons for transfer.</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-</p>	<p>FA</p>	<p>The facility is purpose-built across one level and is spacious. All buildings and plant have been built to comply with legislation. The building is less than a year old and the manager stated that a BWOF will be given after a year of occupancy. Council have issued a Compliance Certificate.</p>

<p>centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>There is a full-time maintenance person employed. The service has a planned maintenance schedule that includes testing and tagging of electrical equipment, resident equipment checks, and calibration of weighing scales and clinical equipment. Scales are calibrated annually. Hot water temperatures are monitored regularly, and records reviewed were within recommended ranges. Reactive maintenance is completed by certified contracted tradespeople as required. Environmental temperatures are monitored, with systems in place to manage significant fluctuations, including air-conditioning in residents' rooms and communal areas.</p> <p>The facility has adequate communal lounges, including a main big lounge where activities are held and a quiet lounge available for residents and whānau as desired. Three communal toilets, including mobility-accessible options near the main lounge, were available for use. All communal toilets had appropriate engaged/vacant indicators. The hallways are wide and include several sitting areas for residents to rest.</p> <p>There are four wings off the atrium (one with 16 care suites, one with 13 care suites, one with 18 care suites and one with 14 care suites). There is a total of 61 care suites, each with an ensuite and a door opening onto a patio or outdoor area. There are three dedicated care suites for residents identified as requiring bariatric support and these have ceiling hoists. All care suites were occupied by a single resident on the days of audit. The care suites are spacious and allow safe manoeuvring of mobility aids and adequate space for residents to walk around. Each care suite has external windows providing natural light, along with adequate ventilation and heating. Flowing hand soap, hand sanitiser, and paper towels were installed near hand basins throughout the facility. There is adequate space in each wing for storage of mobility equipment. There is plenty of space for medical equipment, continence products, and personal protective equipment storage with shelving.</p> <p>The kitchen, laundry, and dining room are centrally located, with office spaces situated near the main entrance. HCAs interviewed reported having sufficient equipment and space to safely deliver care.</p> <p>Flooring consists of carpet throughout most areas, with vinyl in bathrooms, toilets, and kitchen spaces. Adequate storage is available</p>
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		<p>for mobility and clinical equipment. Residents may bring personal belongings and can personalise their rooms.</p> <p>The grounds and external areas are well maintained and independently accessible to residents. Outdoor areas include seating and shaded spaces. Residents interviewed confirmed they were able to move safely and freely around the facility.</p> <p>One of the architects involved in the designs of both buildings identifies as Māori. The architect has awards for his cultural input into design. The service has liaised with local Māori providers to ensure aspirations and Māori identity are included.</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>Policies and guidelines for emergency planning, preparation, and response are readily available and known to staff. Civil defence planning informs the facility's disaster preparedness and outlines required procedures for fire and other emergencies. The service has an approved fire evacuation scheme, signed off by Fire and Emergency New Zealand on 9 December 2024. Fire evacuation drills are conducted six-monthly and incorporated into the staff training programme, with the most recent drill completed in October 2025. Fire and security procedures form part of the staff orientation process.</p> <p>There are sufficient fire exits and a clearly designated assembly point. All fire safety equipment is maintained within required timeframes by an external contractor. A civil defence plan is in place, and the facility maintains adequate emergency supplies—including food, water, continence products, and an onsite generator—to support residents and rostered staff in the event of an emergency. All RNs hold current first aid certificates. Staff interviewed understood emergency procedures.</p> <p>The service maintains a functioning call bell system accessible to residents, family/whānau, and staff. Call bells are checked monthly, and residents and family/whānau interviewed confirmed prompt response times from staff.</p> <p>Appropriate security arrangements are in place, including a closed-</p>

		<p>circuit television (CCTV) monitoring of external and communal indoor areas, with clear signage displayed. Doors are programmed to lock at predetermined times, and residents and family/whānau are familiar with the process for contacting staff for after-hours access.</p> <p>A visitors' policy and guidelines are available to ensure resident safety and wellbeing are maintained. Visitors and contractors are required to sign in and out using the visitors' electronic register.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship is an integral part of Ashbury Height's strategic business and quality plans to ensure an environment that minimises the risk of infection to residents, staff, and visitors. The clinical operations manager has oversight of policies, procedures and data on infections and antimicrobial usage throughout Qestral Group facilities. Expertise in infection control and antimicrobial stewardship is available through the infection prevention nurse educator from head office, Bug Control, the local hospital, and the GP service. Resources on infection prevention and control and antimicrobial stewardship are accessible to staff at Ashbury Heights.</p> <p>The clinical nurse manager undertakes the role of infection control coordinator to oversee infection control and prevention across the service. The job description outlines the responsibility of the role. The infection control and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually, and significant issues are escalated through an effective communication pathway to the governance team. Documentation review evidence the recent outbreak was escalated to the executive team within 24 hours. Infection rates are presented and discussed at quality, clinical and staff meetings.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p>	<p>FA</p>	<p>The clinical nurse manager is the designated infection control coordinator, and the service has a Covid-19 and pandemic response</p>

<p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed online infection prevention and control training. There are outbreak kits readily available, and a personal protective equipment cupboard and trolleys set up ready to be used. The personal protective equipment (PPE) stock is regularly checked against expiry dates. There are supplies of extra PPE equipment available and accessible. The infection control coordinator has input into the procurement of PPE, medical and wound care products.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies are available and accessible to staff. The infection control programme is linked to the quality programme and has had specialist input. The programme is reviewed annually. Aseptic techniques are promoted through handwashing, sterile single use packs for catheterisation and creating an environment to prevent contamination from pathogens to prevent healthcare-associated infections.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The infection control policies acknowledge importance of te reo information around infection control for Māori residents and acknowledge safe practices acknowledging the spirit of Te Tiriti. There is information available in te reo. Infection control policies and practices include laundry and cleaning practices that reflect Māori participation and consultation in infection prevention to promote culturally safe practice. Reusable medical equipment is cleaned and disinfected after use and prior to next use. Residents have their own slings for hoists. Cleaning and environmental audits are completed four-monthly, and the audits reviewed include evidence that these procedures are carried out.</p> <p>The infection control coordinator confirmed that they would have input when refurbishment of rooms occurs, and any future expansion of the facility.</p>
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<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>	<p>FA</p>	<p>The service has an antimicrobial use policy and procedures, and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Antibiotic use and prescribing follows the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported in a monthly quality report and presented at meetings. The infection control coordinator records antibiotic prescribing and provides a report to the GP each month for review. The antimicrobial stewardship policy documents the principles of the antimicrobial stewardship programme.</p> <p>Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Monotherapy and narrow spectrum antibiotics are preferred when prescribed.</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>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the electronic resident management system and surveillance of all infections (including ethnicity) is collated onto a monthly infection summary. This data is monitored and analysed for trends monthly and annually. Infection control surveillance is discussed at infection</p>

<p>specified in the infection prevention programme, and with an equity focus.</p>		<p>control, quality, and staff meetings. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement.</p> <p>There has been one Covid-19 outbreak since the previous audit. This was appropriately managed. Outbreak management meetings occurred (sighted) and captured 'lessons learned' to prevent, along with how to prepare for and respond to future infectious disease outbreaks. Outbreak logs were completed. Staff confirmed resources including PPE were adequate and their wellbeing has been looked after.</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 antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety datasheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are sluice rooms (with sanitisers) on each floor with personal protective equipment available including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Housekeeping staff are separate from care staff. Cleaning trolleys are well equipped and kept in locked areas when not in use. There is a cleaning manual available. Cleaning, laundry services, and the environment are monitored by the infection control coordinator through the internal auditing system.</p> <p>All personal clothing and linen are laundered onsite. Dirty laundry is transported by trolley to the service area where it is collected. Clean laundry is delivered to each area in sealed trolleys, where staff can then deliver items to individual residents. There was sufficient clean linen available on the day of audit.</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 governance body and the service are committed to maintain a restraint free environment. The restraint policy confirms that consideration for the use of restraint must be done in partnership with residents and family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the service will work in partnership with Māori, to promote and ensure services are mana enhancing. The clinical nurse manger and the facility nurse manager are the designated restraint coordinators.</p> <p>At the time of the audit, the facility was restraint free and has been since the opening of the facility in January 2025. The use of restraint is reported as part of the monthly quality indicators report. The clinical operations manager reports restraint use in the board report for discussion at governance level. The restraint coordinator interviewed described the focus on maintaining a restraint free environment. Restraint minimisation and management of challenging behaviours including de-escalation are included in the mandatory training plan and orientation programme.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.