

The Ultimate Care Group Limited - Alden Aroha

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: The Ultimate Care Group Limited

Premises audited: Alden Aroha

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: 22 October 2025 End date: 24 October 2025

Proposed changes to current services (if any): There has been a change of business name from Ultimate Care Aroha, to Alden Aroha.

Total beds occupied across all premises included in the audit on the first day of the audit: 45



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

Alden Aroha is a part of the wider The Ultimate Care Group Limited – Alden Roha, and is one of 20 care facilities. Alden Aroha is certified to provide hospital (medical and geriatric), rest home, and dementia level care for up to 45 residents.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Health New Zealand and the Disability Support Services. The audit process included the review of policies and procedures; the review of resident and staff files; observations; and interviews with residents, family/whānau, management, staff, and a general practitioner.

The service is managed by an experienced facility manager and clinical services manager. They are supported by a regional manager (support operational matters) and a regional quality improvement advisor (support clinical and education).

There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The service has addressed three of three shortfalls identified at the previous audit related to clinical indicators, medication errors and antimicrobial reporting.

This audit identified one shortfall related to the building warrant of fitness.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

There is a Māori health plan in place for the organisation. Te Tiriti O Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Alden Aroha demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances.

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

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

There is a well-established and robust governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The business plan includes a mission statement and operational objectives which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

The service has effective quality and risk management systems in place that take a risk-based approach, and progress is regularly evaluated against quality outcomes. There is a process for following the National Adverse Event Reporting policy and management have an understanding and comply with statutory and regulatory obligations in relation to essential notification reporting.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. An orientation programme and staff training plan are in place to support staff in delivering safe quality care.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

All staff responsible for administration of medication complete education. The electronic medicine charts reviewed were reviewed at least three-monthly by the general practitioner. The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan.

All residents' transfers and referrals occur in a coordinated manner.

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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
--	--	--

The building holds a current building warrant of fitness report and declaration. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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>
--	--	---

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at clinical governance level. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan.

Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Comparison of data occurs within the organisation. There have been no outbreaks since the last audit.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
---	--	--

The restraint coordinator is the clinical services manager. The facility is restraint free. Strategies to remain restraint free is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and will only use an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	1	0	0	0	0
Criteria	0	49	1	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>	FA	<p>A Māori health plan is documented for the service, which Alden Aroha utilises as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. The service currently has residents and staff who identify as Māori. The service recognises Māori mana motuhake and this is reflected in the Māori health plan. There are clear processes to include tikanga in everyday practice. The service has partnership with iwi and Māori organisations within and beyond the health sector, and their contact numbers are displayed on noticeboards.</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>Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025 and Te Mana Ola are the chosen framework for the Pacific health plan and Pathways to Pacific Peoples Health Equity Policy. At the time of the audit there were Pacific staff who confirmed that cultural safety for Pacific peoples, their worldviews, cultural, and spiritual beliefs are embraced at Alden Aroha. There are documented Pacific partnerships with Pacific advisors based in Christchurch; these are displayed for staff to access. At the time of audit there were no residents who identified as Pasifika.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The facility manager and clinical services manager interviewed confirmed that the Code is provided in welcome packs in the language most appropriate for the resident, to ensure they are fully informed of their rights. Interviews with three family/whānau (one hospital level and two with family in the dementia unit), and four residents (two hospital level and two rest home level) confirmed they are informed of their rights and their choices are respected.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Organisational policies provide guidance in the prevention of any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances. All staff at Alden Aroha are trained in and aware of professional boundaries, as evidenced in orientation documents and ongoing education records.</p> <p>Five staff (including two caregivers, one registered nurse [RN], one chef, and maintenance person) and management (including the facility manager and clinical services manager) demonstrated an understanding of professional boundaries when interviewed.</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</p>	<p>FA</p>	<p>There are policies to guide the informed consent process. Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations, release of photographs, and the use of comfort funds. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA), where this has been activated. All documentation regarding EPOA and activation is on file. Two resident files for residents in the dementia unit included a needs assessment and service coordination service (NASC) approval for secure dementia care.</p>

<p>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>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. The Code and complaints process is visible, and available in te reo Māori and English.</p> <p>A complaints register is being maintained which includes all complaints, dates and actions taken. There have been no complaints since January 2024 and no complaints from external bodies recorded.</p> <p>Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly and they were kept informed. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available.</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>Alden Aroha is a part of the wider Windhaven Group and one of 20 care facilities. Alden Aroha is certified to provide hospital (medical and geriatric), rest home, and dementia level care for up to 45 residents.</p> <p>On the day of the audit there were 45 residents. There were 12 residents at rest home level, and 19 residents at hospital level of care, including one resident funded through a younger person with disabilities (YPD) contract, and one receiving respite care. The dementia unit had 14 residents, including one funded through a YPD contract.</p> <p>All of the remaining residents were on the age-related residential care (ARRC) contract. All beds are dual-purpose beds; excluding the dementia unit beds. There are no shared or double rooms.</p> <p>The service is managed by an experienced facility manager who has been in</p>

		<p>the role for since 2023. The experienced clinical services manager has been in the role since 2020. They are supported by a regional manager (support operational matters) and a regional quality improvement advisor (support clinical and education).</p> <p>The facility manager confirmed the governance structure. The governance of the organisation is delegated through the Chief Executive of Windhaven. The CEO reports to the shareholders (and their advisors) on their obligations under the relevant legislation on a quarterly basis.</p> <p>The Board oversees all aspects of the organisation's operations with a National Clinical Governance team that is focused on supporting and enhancing the quality of the Alden clinical performance and care. There are key business goals for each site and are embedded in the delivery of service. Policy, procedure, and training resources ensure that best practice is reflected in the day-to-day operations. Alden Aroha has a business, quality and risk plan until year ending 2026, with business objectives that aligns with the Alden strategic direction of love residents (clinical care), grow staff and drive business. The objectives are reviewed and reported on quarterly.</p> <p>The clinical governance team consists of head of quality, clinical lead, two quality improvement advisors and a national education lead. They are responsible for regularly reviewing and monitoring key performance indicators to ensure the organisation meets its quality and safety goals. The governance body receives quarterly updates (exception reporting) on the quality of the service performance and any risks identified by management.</p> <p>The Māori health plan is developed in partnership with iwi and community groups. This ensures that policy and procedure within the company and the governance body represents Te Tiriti partnership, address barriers to equitable service delivery, and improve outcomes to achieve equity for Māori. A long-term Board member and advisor, is the lead advisor on tāngata whaikaha, Māori, whānau, and Te Tiriti partner and ensure cultural focussed goals are met.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me</p>	<p>FA</p>	<p>Alden Aroha is implementing the organisational quality and risk management programme (QRMP). The QRMP is reviewed annually by the national clinical governance team. The quality and risk management</p>

<p>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>systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data is entered into the electronic resident management system and analysed by the clinical services manager. The quality data from each facility is compared by the clinical governance team and shared with staff at the site in the form of a reflection report.</p> <p>The meeting schedule is being implemented. A range of meetings are held regularly, including combined staff/quality meetings, health and safety/infection control, registered nurse/shift leader, and restraint meetings. Discussion with staff and review of records demonstrated that all subsequent learnings from audits and accidents/incidents that occurred were reviewed through the national clinical governance team in a meaningful way, to identify trends and learnings that could be used to affect change or influence practice.</p> <p>There are monthly staff/quality meetings and discussions include (but are not limited to) quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Audit outcomes were reviewed, and required corrective action was followed up, showing service improvements. Quality improvements are documented and also include a corrective action plan related to pressure injury management that include audit results, discussions at quality meetings and staff education.</p> <p>Internal audits are completed as scheduled, and outcomes show a high level of compliance with policies and procedures. Any areas that require improvements are followed up with issues resolved in a timely manner. Any audit with a less than 85 percent compliance is repeated, ensuring that the quality loop is closed.</p> <p>Alden Aroha's specific objectives include enhanced resident and relative experience through improved communication; increase education/training; and improved infection prevention and provision of personalised care. Progress towards achieving these goals is monitored quarterly. Residents and family/whānau surveys are completed annually, with the most recent in progress at the time of audit. The survey results documented high approval across all areas, including cultural practice, care provided, meals, the environment, and the management team</p> <p>There is a comprehensive health and safety system in place with identified</p>
--	--

		<p>health and safety goals. The health and safety/infection control team meets monthly according to schedule, with a wide range of topics covered as agenda topics, including work related risks, opportunities for improvements, and topics related to staff, residents, and visitors' wellbeing. The hazard and risk register detail the risk and how each risk is mitigated and controlled. These are reviewed annually and were up to date with risks currently in the service.</p> <p>All resident incidents and accidents are recorded on the electronic system. Ten accident/incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the registered nurse meetings and at handovers. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse (RN).</p> <p>Discussions with the clinical services manager and facility manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications and Severity Assessment Code (SAC) notifications for pressure injuries and five falls made as required. The Section 31 notifications included absconding and outbreaks.</p> <p>Since the previous audit, the service has made environmental improvements to the environment. This includes new flooring and lighting; upgraded bathrooms; improved signage for residents; and a seven-day activity programme.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-</p>	FA	<p>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The facility is fully staffed, as confirmed by the facility manager. Staff and residents are informed when there are changes to staffing levels, evidenced in staff, residents and family/whānau interviews. The facility manager and clinical services manager are available Monday to Friday. The clinical services manager is available to the RNs for clinical support and advice. The regional manager provides operational oversight in the absence of the facility manager. There is a registered nurse allocated to the roster on each shift.</p> <p>The caregivers interviewed confirmed their workload is manageable. Current</p>

<p>centred services.</p>		<p>and past rosters reviewed evidence that all caregiver shifts are backfilled when staff reported short notice absences and provide a skill mix on all shifts. Observation on the days of the audit evidenced that the shifts and allocation of work is managed in an organised manner.</p> <p>There is an annual education and training schedule completed for 2024, and one that is being implemented for 2025. The education and training schedule lists compulsory training. Cultural awareness and safety is embedded in the education system. External training opportunities for care staff include training through Health New Zealand.</p> <p>Caregivers are encouraged to attain Careerforce training NZQA levels. Ten of twenty-six caregivers have attained a level three or above. The facility manager is an assessor. All staff who work in the secure dementia unit have attained the dementia unit standards. All staff are required to complete competency assessments as part of their orientation and annually. All RNs are supported if they wish to attend external training.</p> <p>Annual competencies include (but are not limited to) hand hygiene, moving and handling, and correct use of personal protective equipment. There are six RNs and the clinical services manager, and six (including the clinical services manager) are competent to complete interRAI assessments. Registered nurses completed syringe driver training.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Five staff files (two RNs, two caregivers, one domestic staff) reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice, and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a clinical and culturally safe environment for residents. All staff who have been employed for a year or more, have a current performance appraisal on file.</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>Five resident files were reviewed: two rest home, two hospital (including one respite) and two from the secure dementia unit, including one resident funded though the YPD contract. The registered nurses (RN) are responsible for all residents' assessments, care planning and evaluation of care.</p> <p>Initial assessments and long-term care plans were completed for residents detailing needs, and preferences. Individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. Initial InterRAI assessments sampled for long-term residents (including YPD) were completed within three weeks of the residents' admission to the facility. Documented interventions, risks and early warning signs meet residents' assessed needs. The care plan for the resident using respite care included a full range of assessments as part of the electronic assessment and care planning system. The care plan included interventions around mobility, a choking hazard etc. Monitoring charts were in place for showering and all care, repositioning and skin care. Planning for discharge or further care and support was also documented.</p> <p>The activity assessments include a cultural assessment which gathers information about cultural needs, values and beliefs. Information from these assessments is used to develop the resident's individual activity care plan and the cultural aspects of the long-term care plan, as evidenced in one file for a resident who identifies as Māori.</p> <p>Short-term care plans are developed for acute problems, for example infections, wounds and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments, and when there is a change in the resident's condition.</p> <p>Evaluations are documented by an RN and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family/whānau involvement in care planning and</p>

	<p>documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for residents with disabilities to access relevant disability services. A physiotherapist visits the facility weekly and on request, to review residents at admission and when referred by the registered nurses. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, and medical specialists are available as required through Health New Zealand.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. The GP visits weekly and as required. Medical documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service, and that they were informed of concerns in a timely manner. The GP was complimentary of the management. The GP practice is also available after hours for the facility.</p> <p>An adequate supply of wound care products were available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken when this was required. Where wounds required additional specialist input, this was initiated and a district nurse was consulted. At the time of the audit there were nine active wounds for eight residents. The stage II and unstageable pressure injury were healed and the pressure injury sites only reviewed to confirm they were being monitoring.</p> <p>The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls. A range of monitoring charts are available for the care staff to utilise. These include (but not limited to) monthly blood pressure; weight monitoring; bowel records; repositioning chart; blood glucose levels; food intake charts; and fluid balance monitoring. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff</p>
--	---

		<p>receive handover at the beginning of their shift, as observed on the day of audit.</p> <p>The previous shortfall around clinical action plans for increasing wounds, falls, and pressure injuries has been addressed, with evidence of actions in place. Actions plans are discussed at staff, RN, and other relevant meetings.</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>There are policies available for safe medicine management that meet legislative requirements. Staff who administer have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Medication errors are documented using the incident and accident process. There have been no medication related incidents for the past six months. Three medication errors documented for March and April 2025 have an associated incident form that included family communication and follow up. The shortfall identified at the previous audit has been addressed.</p> <p>Staff were observed to be safely administering medications. The registered nurses, and medication competent caregivers interviewed could describe their role regarding medication administration. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in a locked treatment rooms (one for dementia and one for rest home/ hospital). The medication room temperatures are monitored daily. The medication fridge temperatures were documented and recorded daily. Eyedrops have been dated on opening and within the expiry timeframe.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has photo identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications, over-the-counter medications and supplements were considered as part of the residents` medications and prescribed in medication charts. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There were no residents self-administering medications; noting that there is a process in place should a resident wish to self-administer</p>

		<p>medications. No vaccines are kept on site, and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up on.</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>	FA	<p>Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The kitchen manager reported they accommodate residents' requests.</p> <p>There is a verified current food control plan. The residents and family/whānau interviewed on the days of the audit provided positive comments related to the satisfaction of the meals provided.</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>There were documented policies and procedures to ensure discharging or transferring of residents are coordinated with the management of appropriate risks. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care. The service uses a standardised transfer form that includes the resident's profile, family/whānau contact numbers and medication chart.</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,</p>	PA Negligible	<p>The buildings, plant, and equipment are fit for purpose at Alden Aroha and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports</p>

<p>and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>cultural practices. There is a building warrant of fitness report and declaration (B RaD).</p> <p>There is a maintenance request process. Maintenance requests are acted upon in a timely manner. Equipment failure or issues are also recorded in the maintenance book. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges.</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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There is an infection, prevention, and antimicrobial programme and procedure. 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 and procedures are reviewed by the national education lead, who acts as the national infection prevention and control lead for the Ultimate Care Group. The infection prevention and control programme links to the overarching quality programme. The infection control programme is reviewed, evaluated, and reported on annually, with this last completed in March 2025.</p> <p>The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand washing competencies; and donning and doffing personal protective equipment (PPE).</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. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear</p>	<p>FA</p>	<p>There is an antimicrobial stewardship (AMS) policy in place which identifies the organisations goals to optimise antimicrobial use and to minimise harm. The policy is approved by the board and developed using evidence-based guidance. The organisation's goals are suitable for the size and scope of services provided.</p> <p>Infection data is collected monthly by the clinical services manager. Quality</p>

<p>and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>documents reviewed evidenced information related to antibiotics is collected, analysed, and discussed. The shortfall identified at the previous audit has been addressed.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the Infection Preventions Standards (IPS) manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. The clinical services manager is the infection prevention and AMS facility lead (infection prevention coordinator) for Alden Aroha and completed training in infection prevention and control as part of their orientation. Infections and antimicrobial data is monitored and analysed for trends monthly through a reflection report. Comparison of data occurs with other facilities within the Ultimate Care Group. The service incorporates ethnicity data into surveillance methods and data captured around infections.</p> <p>Infection control surveillance is discussed at the quality meetings. Any infections are reported to the national infection prevention and control lead and discussed at the national clinical governance team meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Health New Zealand.</p> <p>Infections, including outbreaks, are reported and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). Education is completed by the regional quality improvement advisor and the clinical services manager, and staff completed hand hygiene competencies annually. There have been no outbreaks documented since the previous audit.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. Policies and procedures meet the requirements of the standards and is approved by</p>

<p>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>the head of quality. The national clinical governance team is responsible for the restraint elimination strategy and for monitoring restraint use in the wider organisation. Restraint is discussed at the national clinical governance team meetings and exception reporting provided to the Board level.</p> <p>At the time of the audit, there were no residents using restraints. The designated restraint coordinator is the clinical services manager. Restraint-free strategies are discussed at the monthly combined staff/ quality meeting.</p> <p>Training for all staff occurs at orientation and annually, as sighted in the training records. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</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)
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Negligible	The service does not have a current warrant of fitness (BWoF). There is a BWoF report and declaration (B RaD). The issue preventing the issue of a BWoF has been rectified.	The service does not have a current BWoF.	<p>Ensure the building has a current BWoF.</p> <p>365 days</p>

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.