Lexis Limited - Lexis Care

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:	Lexis Limited
Premises audited:	Lexis Care
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 3 December 2025 End date: 4 December 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: 95

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Lexis Care, in Avondale, Auckland, provides hospital-psychogeriatric, rest home level of care, and hospital level care (medical and geriatric) for up to 99 residents. There are 79 dual purpose beds and 20 beds in the psychogeriatric unit.

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

The day-to-day clinical operations of Lexis Care is overseen by an experienced clinical manager who are supported by a director, receptionist, and experienced healthcare assistants. Residents and family/whānau interviewed responded positively about the care and support.

This audit identified shortfalls related to the roster for the psychogeriatric unit and environmental aspects related to infection control practices.

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.

Lexis Care provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights according to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. The service has connections with a local marae through their Māori liaison officer and has a Māori health plan documented. A Pacific health plan is in place to ensure culturally appropriate services for Pacific residents. Staff receive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, enhancing their understanding of accessibility barriers. Policies are in place around the elimination of discrimination, harassment and bullying. The informed consent process is well understood and implemented by staff. Complaint processes are equitable with complaints promptly resolved in collaboration with family/whānau.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.

There is a documented 2025 business plan that includes a mission statement, philosophy and objectives of the service. There is an implemented quality and risk management system, with internal audits and meetings occurring as scheduled. Human resources policies cover recruitment, selection, orientation, and staff training and development. A thorough induction programme provides new staff with essential information for safe work practices. An in-service education/training programme addresses relevant aspects

of care and support, and external training is supported. The staffing policy meets contractual requirements and ensures appropriate skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet residents' needs. The service ensures the secure, accessible, and confidential collection, storage, and use of residents' personal and health information.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

Entry into the facility is managed in a safe, timely and equitable manner. Registered nurses are responsible for assessment, care planning and evaluation of care. Residents and family/whānau interviewed expressed they are involved at all stages of service delivery. A general practitioner visits the facility weekly to complete medical assessments and medication reviews. Residents have their needs met in a manner that respects their cultural values and beliefs.

Activities are overseen by a diversional therapist. The formal activities programme is provided six days per week, and staff can access activities resources on a Sunday. There is a varied activities programme that is tailored for the residents in each area in the facility. Residents have choice of activities that are meaningful to them.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education. All medication charts were completed correctly and evidenced known allergies and sensitivities.

All meals and baking are prepared and cooked onsite. Nutritional needs and preferences of residents are identified on admission and during regular reviews. There is a current food control plan. The menu caters for cultural preferences and has been reviewed by a dietitian. Dietary needs, allergies, intolerances and preferences are catered for.

Discharge and transfer are managed safely in collaboration with residents and their family/whānau.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.

There is a current building warrant of fitness, and a preventative and reactive maintenance plan is implemented. Rooms are spacious to provide personal cares. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. The psychogeriatric unit is secure. There is adequate space throughout the facility for residents to move around freely with mobility aids. There are sufficient toilet and bathing facilities. All communal areas and resident rooms have natural light.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency including a pandemic. There are emergency supplies for at least three days. A staff member trained in resuscitation skills and a staff member trained in first aid is always on duty. Access to the grounds is through a locked gate. There are appropriate security measures in place overnight.

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.		Some subsections applicable to this service partially attained and of low risk.

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

A registered nurse oversees infection surveillance, sharing infection control data with staff, and ensures that general practitioner and external consultant recommendations are implemented.

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 clinical manager is the restraint coordinator. There is a restraint committee in place that oversee all aspects of restraint. Family/whānau are involved in any decisions relating to restraint. The service follows a consent, approval, monitoring and evaluation process in accordance with the standard. During the audit there were two residents using restraint.

Staff receive training on the policy and procedures as part of orientation. Thereafter staff receive annual education on restraint minimisation and safe practice and are required to demonstrate their competency.

A restraint register is maintained. The use of restraint is formally reviewed six-monthly.

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	2	0	0	0
Criteria	0	172	0	4	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

For more information on the different types of audits and what they cover please click here.

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	There is a Māori health plan and policy that describes the Māori perspectives of health and a commitment and responsiveness to Te Tiriti o Waitangi. Lexis Care has established connections with a local marae through their Māori staff. The clinical manager reported during interview that they can also access cultural support from cultural advocates and through Kaupapa Māori health and social services. The business operations plan reviewed evidenced leadership commitment to ensure all aspects of service delivery is culturally safe. The recruitment policy includes provision of an equitable recruitment process. The clinical manager (also facility manager) confirmed in interview that the service supports a Māori workforce through an equitable recruitment process. At the time of the audit there were residents who identified as Māori. Staff received training on Te Tiriti o Waitangi, Māori health policy, tikanga practices and te reo Māori. There were current staff members who identified as Māori at Lexis Care. Self-determination, cultural values and beliefs of Māori residents and family/whānau are documented in the resident's care plan. All staff have access to relevant tikanga guidelines. Te reo Māori is encouraged to be used in general conversations within the facility. Interviews with 21 staff including eleven healthcare assistants (HCA), four registered

		nurses (RNs), one diversional therapist, maintenance person, one cook, two cleaners, one laundry assistant confirmed that mana motuhake is respected and they are well-equipped to deliver equitable services.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	There is a Pacific health plan in place, which documents care requirements for Pacific peoples to ensure culturally appropriate and responsiveness to services. The plan includes the Fonofale model of care for use with Pacific peoples. Engagement with Pacific communities is facilitated by Pacific staff members. Ethnicity information and Pacific people's cultural beliefs and practices that may affect the way in which care is delivered is documented on admission to the service. At the time of the audit there were residents who identified as Pasifika. There were current staff members who identified as Pasifika at Lexis Care. Interviews with the clinical manager/ facility manager, two owners and staff confirmed that they understood the equity issues faced by Pacific peoples. The service partners with Health, Wellbeing & Whānau Ora Services to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes. There are equitable recruitment and education processes to recruit and upskill Pacific staff.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed on posters and brochures available in te reo Māori on entry to the facility. Brochures on the Code and the Nationwide Health and Disability Advocacy Service are also available. Interviews with nine residents (five rest home, four hospital) and three family/whānau (two from the psychogeriatric [PG] unit and one hospital level care) confirmed that staff are respectful and considerate of residents' rights in line with the Code. The clinical manager/facility manager (CM/FM) confirmed the involvement of independent advocacy when required. The service actively supports and encourages family/whānau engagement and welcome visits. Residents and family/whānau interviewed reported being made aware of the Code and the

		Nationwide Health and Disability Advocacy Service and were provided with opportunities to discuss and clarify their rights. The CM/FM affirmed their commitment to respecting and upholding Māori autonomy and mana motuhake which was also confirmed by staff interviewed.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	Resident file reviews and interviews with staff, residents and family/whānau confirmed that Lexis Care is inclusive of each resident's identity, including their values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics. Staff were observed to maintain privacy throughout the audit. Care plans included respect for advance directives and personal wishes, as well as efforts to promote independence. Staff demonstrated their understanding of the principles of Te Tiriti o Waitangi and how to apply these in their daily work. Māori language is prominently featured in the facility's signage and posters, including the activities programme. Management is committed to respecting and upholding Māori autonomy, language and mana motuhake. Māori cultural days are celebrated and include Matariki and Māori language week. The service continues to incorporate training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori. A sexuality and intimacy policy is in place with training part of the education schedule. Staff were observed to use person-centred and respectful language with residents. Spiritual needs are identified, church services are held, and spiritual support is available. The clinical manager and HCAs interviewed explained how the service meets the residents' cultural and spiritual needs. Te reo Māori signage was visible throughout the facility and staff have access to the Māori health plan, which they reference and implement regularly in their daily activities.

Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Staff demonstrated a clear understanding of the service's policy on abuse and neglect, including the appropriate actions to take if any signs were observed. The audit found no instances of discrimination, coercion, or harassment in staff, resident and family/whānau interviews or in the reviewed documentation. Staff sign a code of conduct upon commencing employment. Staff demonstrated an understanding of what Te Tiriti o Waitangi means to their practice. The service follows a process of managing residents' finances through invoicing. Internal audits of the code of rights and cultural values were conducted to ensure compliance. The results confirmed that residents' needs are being met, with audit reports showing full compliance in these areas. Interviews with staff and management confirmed their commitment to fostering a positive, inclusive, and safe working environment. They are encouraged to address issues of racism and acknowledge their own biases, ensuring a supportive and equitable workplace. Staff interviewed expressed confidence in raising concerns about institutional and systemic racism, knowing that such concerns would be addressed. A strengths-based and holistic model of care is implemented ensuring wellbeing outcomes for Māori is achieved.
Subsection 1.6: Effective communication occurs The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	Information related to the service and what to expect when entering the service is provided to residents and family/whānau on admission. Residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. Residents and family/whānau interviewed provided positive feedback, noting that communication is open and effective. A review of adverse event forms confirmed that family/whānau were notified of any events or incidents. The contact details for family/whānau and the enduring power of attorney (EPOA) are kept current, with a secondary contact detail provided where applicable. A general practitioner (GP) interviewed confirmed timely communication and appropriate follow ups. The clinical manager described an implemented process around providing family/whānau with time for discussion around care, time to consider decisions and opportunity for further discussion, if required. The delivery of care includes a

		multidisciplinary team and family/whānau are communicated to regarding services involved. At the time of the audit there were no residents who could not speak and understand English. Lexis Care has access to interpreter services when/if required.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.	FA	There are policies documented around informed consent. Informed consent processes are discussed with residents and family/whānau on admission. Resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares are included and signed as part of the admission process. Specific consent has been signed by the resident or their enduring power of attorney (EPOA) for procedures such as influenza and Covid-19 vaccines, and other clinical consents. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care. The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' file and is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity is on file. There is an informed consent process implemented for residents sharing rooms. The clinical manager stated that residents are screened for their suitability to share rooms. The residents in the psychogeriatric unit have been assessed by the Needs Assessment Service Coordination (NASC) team as suitable for secure placement for specialised hospital services. An advance directive policy is in place and is implemented. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner has made a medically indicated resuscitation decision. There is documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively

		involves them in decisions that affect their family/whānau Training has been provided to staff around the Code, including informed consent. The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care. The clinical manager has a good understanding of the organisational processes to ensure Māori residents involve the family/whānau for collective decision making. Support services for Māori are available.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.	FA	The complaints procedure is provided to residents and family/whānau on entry to the service. The clinical manager maintains a record of all complaints, both verbal and written, by using a complaint register. Documentation including follow-up letters and resolution demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). There have been no complaints since the provisional audit in December 2024. An outstanding complaint from 2024 to HDC (formerly Ann Maree Gardens) was closed off in May 2025. There were no issues identified in relation to the complaint. Staff are informed of any complaints (and any subsequent corrective actions) in staff meeting minutes sighted. Interviews with residents and family/whānau confirmed they were provided with information on the complaints process. Service feedback forms are easily accessible at the entrance to the facility. The area manager described their understanding that Māori prefer to have in person communications. There is a complaints/concerns form available for residents and family/whānau to make a complaint and express a concern. Residents are updated at the monthly resident meeting. Residents confirmed this when interviewed, meeting minutes reflected discussions with residents around what is going well and what could be improved. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is equitable for Māori, and the clinical manager is available to meet and discuss any complaints face-to-face.

Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.	FA	Lexis Care is in Avondale, Auckland, and provides psychogeriatric, rest home level of care, and hospital level care, for up to 99 residents. There are 79 dual purpose beds and 20 beds in the psychogeriatric unit. On the day of the audit, there were 95 residents: 24 rest home, including five residents under the long-term support chronic health contract (LTS-CHC), one resident on a younger person with a disability (YPD) contract, and one resident funded by ACC. There were 52 hospital residents, including 13 LTS-CHC, one YPD, and one ACC. The remaining residents are under the age-related residential care contract (ARRC). There were 19 residents at psychogeriatric level of care, and all these residents were under the aged residential hospital specialised services agreement (ARHSS). There were 11 double/shared rooms in the dual-purpose unit and two in the psychogeriatric unit. All rooms were shared on the days of the audit; there were no couples sharing rooms. The facility changed ownership in February 2025 and is governed by Lexis Limited, which is family owned. Three of the four owners (one the company director) were interviewed and explained they have more than 25 years' experience in managing aged care facilities in New Zealand. They also own another three medium size aged care facilities. Lexis Limited has a 2025 business strategy and management plan that includes a mission statement, philosophy, objectives and quality goals for the service. The business plan is regularly reviewed against set goals as part of the governance/management meeting with the Director. The clinical manager (also the facility manager) is responsible for the day-to-day operations of the facility and is supported by the director, registered nurses and experienced healthcare assistants. The clinical manager has been in the role since November 2022 and was previously a registered nurse at the same site. There are external consultants that support the facility (one for infection control benchmarking/training and one for general policy review). The clinical manager and owners are knowledgeable around contractual and legislative requirements and have completed cultural training. The clinical manager completes monthly reports to the Director and a full report is tabled for discussion at the governance/management meeting which occurs three monthly (meeting minutes sighted). Two of

		the owners based themselves at Lexis Care and provide support with human resources practices. The director visits at least twice a week. The meeting agenda relates to day-to-day operational activities and reporting on the quality and risk management programme, including meetings; training; health and safety; infection prevention and control; staffing; internal audits; complaints (if any); cultural safety; restraint and survey results. Auditors observed the clinical manager actively interacting with residents and family/whānau, demonstrating their understanding of the daily operations of the service. The staff/quality meetings are held monthly and are attended by all staff. The clinical manager and owners of Lexis Care have an understanding in Te Tiriti o Waitangi and health equity and support meaningful inclusion of Māori and ensures the organisation's values and goals reflect the needs of Māori. Interviews with the clinical manager confirmed the management team analyse internal processes, business planning and service development to improve outcomes and achieve equity for Māori and Tangata whaikaha; and to identify and address barriers to provide equitable service delivery. Māori consultation ensures policies and procedure represents Te Tiriti partnership. An aged care consultant assists the owner to offer expert support in tikanga Māori. Residents are encouraged to participate in the planning and evaluation of the service through general feedback, annual surveys and resident meetings. The clinical manager undertakes professional development activities related to managing an aged care facility. The clinical manager meets regularly with the Director and have access to managers at other facilities for peer support. Clinical governance is managed and overseen by each clinical manager (the facility manager) for each facility within the ownership model.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to	FA	Lexis Care has implemented a quality and risk management programme that includes performance monitoring through internal audits and the collection of clinical indicator data. A meeting schedule is implemented and evidence staff participation in the quality programme. Internal audits are conducted according to the schedule, and any

specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.		corrective actions identified are used to enhance service delivery. Internal audits schedule includes clinical audits which incorporate monitoring against policy and contractual requirements. Resolved issues are signed off and discussed at the monthly combined quality (quality/staff) meeting. There are three-monthly full staff meetings. Quality data on infections, restraint use, incidents, and wounds is collected, analysed and reviewed at the monthly quality meetings. Data is compared to previous months and plans are developed to respond to any areas of concern. Progress with the quality programme/goals has been monitored and reviewed through the combined quality meetings. Quality initiatives documented include continuing to reduce the use of restraint in the facility, reduction in prevalence of skin tears, abrasion and bruises, improved medication error prevention and reporting. Family/whānau satisfaction surveys are conducted annually with the November 2025 results indicating high levels of satisfaction with the service. The clinical manager stated individual comments in the surveys were addressed with the resident and family/whānau. Policies and procedures are current and reflect good practice; being embedded throughout service delivery and maintained in electronic format, and staff have confirmed they can access these documents as needed. However, the guidelines related to specific infection control practices needs improvement to provide guidance to staff (link 5.5.1; 5.5.3; 5.5.4) Cultural safety is reflected within the quality programme with collation of ethnicity data related to adverse events and infections. The process provides for critical analysis of organisational practices to improve health equity. Staff undergo comprehensive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, which builds their knowledge and awareness of the importance of addressing accessibility barriers. This training, health literature resources, and cultural connections ensure that all staff are well-equipped to deliver high-quality healthcare for Māori. Each incident/accident is documented in the resident management system. Adverse event forms reviewed indicated the forms are completed in full and signed off by a registered nurse (RN) or clinical manager. Incident and accident data is collated monthly and reported in the monthly quality meetings and at handover. Each event involving a

		resident reflected a clinical assessment and a timely follow-up by a RN. Opportunities to minimise future risks are identified by the clinical manager and RNs. Health and safety meetings occur monthly as part of the quality/staff meetings. There are health and safety representatives that monitor hazards and risks. Hazards are documented and addressed. There was a current hazard and risk register in place. Staff received education related to hazard management and health and safety at orientation and annually. The quality/staff meetings minutes evidence leadership commitment to health and safety and staff wellbeing. Discussions with the clinical manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There were events of missing residents that required a section 31 notification. There has been one severity assessment code (SAC) report required to the Health Quality and Safety Commission relating to a pressure injury. There has been one Covid-19 outbreak reported since the last audit that was notified and managed appropriately.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	PA Low	There are policies and procedures that describe safe staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. The clinical manager is on-site fulltime from Monday to Friday. When the clinical manager is not on-site, staff have access to their contact number. The owners are available for non-clinical issues after hours with support from the maintenance person. During the absence of the clinical manager, a senior registered nurse will assume responsibilities and oversee the facility with support from the owners. There are separate rosters for the dual-purpose unit (79 beds) and the PG unit (20 beds). Sufficient HCAs are allocated to each roster to meet the needs of the residents. Interviews with staff identified that staffing is adequate, and the workload is manageable. Staff and family/whānau are informed when there are changes to staffing levels, as evidenced in staff, resident and family/whānau interviews. Residents and family/whānau interviewed did not raise staffing issues and confirmed that staff are attentive to resident's needs.

		The diversional therapist and activities coordinator provides activities across both units six days a week. There are separate staff allocated to perform, kitchen/dining, cleaning and laundry duties over seven days a week. There are registered nurses on site 24/7; however, there is only one RN on night duty to oversee both units; this roster arrangement does not meet the ARHSS clause D 17.4 related to the night RN cover for a psychogeriatric unit co-located with another service level of more than 50 beds. There is an annual education and training schedule in place, this has been fully implemented to date and covers all mandatory training, as well as a range of topics related to caring for the older person. Staff reported they are provided with training through formal face to face in-service training, external educators and online questionnaires. The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 48 healthcare assistants, 29 have achieved a level 3 NZQA qualification or higher. There are 22 HCAs who work in the psychogeriatric area, 18 of whom have achieved the required ARHSS specific unit standards, and four are in progress. All staff are required to complete competency assessments as part of their orientation and include hand hygiene, correct use of personal protective equipment (PPE) and manual handling and transfer. Staff who administer medication complete annual medicine competency and a record of completion is maintained. Staff training records showed that they completed training related to Māori health outcomes and disparities and health equity. Staff interviewed were knowledgeable around these subjects and confirmed that their cultural training is ongoing. There are nine RNs employed (including the clinical manager), and four are interRAI trained. All RNs completed preceptorship training, and one RN is a Careerforce assessor. Staff reported a positive work environment, and an employee assistance programme is available to them, when required.
Subsection 2.4: Health care and support workers	FA	There are human resource policies in place, including recruitment,

The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.		selection, orientation, and staff training and development. Nine staff files were selected for review, which evidenced recruitment processes are being implemented and includes reference checking, qualifications, employment contract, and job descriptions. A register of practising certificates is maintained for all health professionals. Staff interviewed were knowledgeable around their individual job descriptions, responsibilities and accountabilities. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice. Competencies are completed at orientation and then as part of the ongoing education plan. Lexis Care demonstrated that the orientation programme supports the RN and HCAs to provide a culturally safe environment to Māori. Staff performance appraisals are scheduled and completed as they become due, as sighted in the staff files. All staff files were kept secure and confidential. Staff ethnicity data is collected and recorded. Staff stated communication and teamwork are positive and the clinical manager reported that debrief and discussion occur following any incidents.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.	FA	Resident records are electronic, and staff files are paper based. The medication management system is electronic. The medication management system is secure and requires user identification and passwords to access. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents and staff archived files are securely stored in a locked room and easily retrievable when required. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The facility manager is the privacy officer and oversee all requests related to health information. The service is not responsible for National Health Index registration.

Subsection 3.1: Entry and declining entry The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.	FA	There are policies in place for entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed entry to service complied with entry criteria. The service admission agreement reviewed aligns with all service requirements. Each of the ten resident files reviewed included a signed admission agreement, signed by the resident or their enduring power of attorney (EPOA) or welfare guardian where these were in place and had been activated. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated they received the information pack along with sufficient information prior to and on entry to the service. Admission criteria are based on the assessed need of the resident and the contracts under which the service operates. Three files reviewed for residents admitted to the secure psychogeriatric unit included a NASC assessment and approval for this level of care. The clinical manager is available to answer any questions regarding the admission process. The service openly communicates with prospective residents and family/whānau during the admission process and keeps the referral agency, residents and family/whānau informed should there be a delay. The service collects and collates ethnicity data and undertakes monthly analysis to show entry and decline rates; including specific data for entry and decline rates for Māori. Lexis Care is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and liaison with local kaumatua and Kaupapa Māori health providers.
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.	FA	Ten resident files were reviewed including four hospital (including two on long-term support, chronic health conditions [LTS-CHC])), three rest home (including one young person with disability [YPD]) and one on ACC and three psychogeriatric level of care. Registered nurses are responsible for conducting all assessments, and for the development and review of care plans. Residents and family/whānau confirmed they are involved in assessment; care planning and review processes and resident files show evidence of resident and family/whānau

As service providers: We work in partnership with people and whānau to support wellbeing.		involvement. Cultural assessments are completed for all residents by activities staff who have been trained to do so. Māori residents have personal profiles and individual care plans that include cultural preferences, whānau involvement and tikanga considerations to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes. This was evidenced in files of residents who identify as Māori. Residents who identify as Pasifika have a care plan in place that addresses their cultural preferences and needs. The clinical manager reported any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified, and strategies to manage these are documented. Staff confirmed they understood the process to support residents and family/whānau. All residents have admission assessment information collected and an initial care plan completed at the time of admission. All reviewed files have up to date interRAI assessments completed. The residents on YPD and LTS-CHC funding who are under 65 years of age do not have interRAI assessments, but registered nurses have completed comprehensive validated assessment tools and a holistic care plan is in place. The resident on ACC funding has a comprehensive care plan completed to meet their needs. Resident files reviewed confirmed the initial interRAI assessments and initial and long-term care plans were completed in a timely manner and within the required timeframes. All long-term care plans reviewed included interventions to manage all risks, early warning signs and guide care delivery. The care plans are holistic and align with the service's model of person-centred care. Residents in the psychogeriatric unit have assessments of behaviour in place that include: the resident's current abilities; level of independence; identified needs/deficits; habits; routines, and behavioural characteristics. Behaviour management strategies include prevention-based strategies for minimising episodes of challenging behaviours; and a description of how the behaviour is best managed over a 24-hour period. InterRAI assessments and care plan evaluations are completed at least six-monthly or when residents' needs changed. Evaluations document the progress towards the individual`s goals and if they are met or unmet. Short-term care plans for interim needs such as infections and

		wounds were well utilised, with interventions transferred to the long-term care plans in a timely manner. The service actively reviews the InterRAI outcome scores for each resident and compares with the previous interRAI in the care evaluation meeting. The registered nurses use this tool to discuss if there are any other interventions that might be helpful if interRAI scores have changed. A general practitioner from a local medical practice ensure residents are assessed within five working days of admission. The general practitioner reviews each resident at least three-monthly with visits from the practice weekly. The general practice provides 24/7 on-call services. The clinical manager is available 24/7 for clinical advice and decision making as required. When interviewed, the general practitioner expressed a high degree of satisfaction with the standard of care and the registered nurses' competence at Lexis Care. Specialist referrals are initiated as needed. Allied health interventions are documented and integrated into care plans. The service has an independent physiotherapist contracted to work ten hours per week. A dietitian is contacted as required. A continence advisor, hospice specialists, mental health team and wound nurse specialist are available as required. A podiatrist visits six- weekly. The mental health team were onsite during the audit and stated the service manages residents with mental health diagnoses very well and staff communicate and collaborate with them effectively. Healthcare assistants and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written at least daily by registered nurses and each shift by healthcare assistants. The electronic progress notes detail any new events (infections and incidents as examples) and follow up for any interventions (wound dressings as an example). The registered nurses further add to the progress notes following general practitioner visits or changes in health status. Residents interviewed reported their needs and expectations are being met, and family/whānau confirmed the same regarding their loved ones. When a resident's condition alters, the registered nurses initiate a review with the general practitioner. Family/whānau stated they are

		notified of all changes to health, including infections, accident/incidents, general practitioner visits, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes. A wound register is maintained. There were a total of 30 wounds including six pressure injuries (one stage three, three stage two and two stage one), skin tears and abrasions. All pressure injuries and a sample of wounds were reviewed and had comprehensive wound assessments, wound management plans and documented evaluations, including photographs to show healing progression. The clinical manager completes a monthly wound report which identifies the causes of wounds, trends in pressure injuries, recommendations for the management of wounds. All current wounds (except pressure injuries) are due to falls and behaviours of concern. Wound management is holistic and includes nutrition and positioning (as examples). The wound nurse specialist had been accessed for input to the management of pressure injuries. Healthcare assistants and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and registered nurses complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels and repositioning. Neurological observations are completed as per the policy for unwitnessed falls or where a head injury is suspected.
Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.	FA	Activities are provided all areas of the facility six days per week, led by a registered diversional therapist assisted by an activities coordinator who works in the psychogeriatric unit. Activities are planned monthly for each area, and a copy of the activities schedule is posted on the wall throughout the facility and in residents' rooms. Review of the activities schedule shows a range of activities are provided to meet the cognitive, physical, intellectual and social needs of residents. Residents' activity needs, interests, abilities, and social requirements are assessed on admission, with input from residents, family/whānau and EPOAs. These

		are completed within two to three weeks of admission. Church groups visit weekly, and a group of nuns visit individuals to give communion. Entertainers visit fortnightly and include musicians, school groups and a pet therapist. Calendar and cultural events are celebrated including, but not limited to Christmas, Easter, ANZAC Day, Diwali, Te Wiki o Te Reo Māori, Matariki and Waitangi Day. Activities for Māori include waiata, Māori craft and karakia. Some staff speak te reo Māori with Māori residents. There are outings in a hired van weekly which include shopping trips to Lynn Mall, scenic drives and ice cream stops. Some residents go out independently or with family/whānau. In the psychogeriatric unit there are a range of activities to stimulate the senses and memories including nail care, bingo, walks in the garden, calming music and individual conversations for reminiscing. For residents in the psychogeriatric unit, activity care plans include strategies for distraction and de-escalation. Outings are provided monthly. On Sundays, healthcare assistants have access to several activity resources including a sensory box, games, colouring activities and reading material. During the audit residents were seen to be receiving individual and small group activities. The unit was seen to be calm with relaxing music playing.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	A medication management policy is implemented for safe medicine management, and this meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training. Staff were observed to be safely administering medications. Registered nurses and healthcare assistants interviewed could describe their role regarding medication administration. The facility uses robotic rolls. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Unused and expired medications are returned to the pharmacy. Medications were stored securely. There is one main medication room

		in the rest home and hospital area and one in the psychogeriatric unit. The medication trolley is stored in the locked nurses station in the psychogeriatric unit. Medication trolleys were observed to be locked when not in use. The medication refrigerator temperatures are monitored daily and maintained within an acceptable range. Room temperatures in the medication rooms and nurses' station are monitored daily and maintained within an acceptable range. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the general practitioner and charted on the electronic medication chart. Twenty electronic medication charts were reviewed. The medication charts reviewed confirmed the general practitioner reviews all resident medication charts at least three-monthly and each chart has a photo identification and allergy status identified. There is a policy in place for ensuring residents who wish to self-administer are competent to do so and for the secure storage of medications in residents' rooms. There are no residents currently self-administering their medications. Pro re nata medication is administered as prescribed and effectiveness is documented on the electronic medication system or in the progress notes. Medication competent healthcare assistants or registered nurses sign when the medication has been administered. There are no vaccines kept on site. The facility does not use standing orders. Residents and family/whānau are updated around medication changes, including the reason for changing medications and potential adverse reactions. This is documented in the progress notes. The registered nurses and clinical manager described the process to work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/ whānau are supported to understand their medications.
Subsection 3.5: Nutrition to support wellbeing	FA	All meals are prepared and cooked on site. There is one main cook, a

The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.		second cook and two kitchen hands. All kitchen staff have completed safe food handling. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was in place, expiring on 2 July 2026. The four-weekly seasonal menu has been reviewed by a registered dietitian on 9 June 2025. For main meals there are two options available including a vegetarian option. If residents do not like the options, they are offered an alternative. There is a food services manual available in the kitchen. The main cook receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, diabetic, pureed foods) or residents with weight loss. Nutritional supplements are prescribed by the general practitioner and provided as prescribed. The cooks confirmed they are aware of resident likes, dislikes, and special dietary requirements. A whiteboard on the wall of the kitchen summarises residents' special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Māori or Pasifika menu options are available upon request and family/whānau can bring special meals for their loved ones. Residents have access to nutritious snacks 24/7. On the day of audit, meals were observed to be well presented. Residents participate in baking as part of the activities programme. Kitchen staff complete daily checklists including fridge and freezer temperatures. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained. Meals are served directly from the kitchen to one adjoining dining room, from a bain marie in another dining room, and transported to resident rooms and the psychogeriatric unit in hot boxes. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining area adjacent to the kitchen and in the psychogeriatric unit. Modified utensils are available for residents to maintain independence with eating as required. The residents and family/whānau can offer feedback at the resident

		meetings and through resident surveys.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.	FA	Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a different level of care. Discharge and transfer are planned processes that are communicated with residents and their family/whānau. Residents and family/whānau are advised of the reason for transition/transfer, options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested. To coordinate a supported transition of care or support, when residents are transferred to the public hospital, their family/whānau is informed, the registered nurse completes a set of transfer documents, and the general practitioner makes the referral to hospital. Relevant documentation sent with the resident includes a printout of their current medications, care needs and a copy of enduring power of attorney/welfare guardian documents. Resident needs and potential risks are communicated to the referred health service by the registered nurse. Where resident's wish or need to be seen by another health service, referral is made, examples sighted included referrals to the dietitian, speech language therapist and specialist clinics at the hospital. Residents attending external appointments are encouraged to be accompanied by their family/whānau.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of	FA	The building warrant of fitness is current to 14 May 2026. There is a full-time maintenance person. Compliance for the building warrant of fitness is contracted out. The annual preventative maintenance schedule is implemented by the maintenance person. Once tasks are completed, they are signed off by the maintenance person. Staff can request repairs and maintenance on the electronic system which is checked daily by the maintenance person and signed off when jobs are completed. For urgent repairs, staff call the maintenance person who can access essential contractors such as plumbers and electricians at any time.

belonging, independence, interaction, and function.		The facility is on two levels. The upper level comprising of the old wing and new wing have a total of 79 dual purpose beds. There are 11 shared rooms in the upper level. The secure psychogeriatric unit is on the lower level accessed by a passcode. There are two shared rooms in the psychogeriatric unit. The new wing and psychogeriatric unit have a ducted air conditioning system in place for temperature control. The old wing has windows for ventilation and oil heaters for heating. There are heat pumps in the nurses stations, offices and medication rooms. Fixtures, fittings, and flooring are appropriate. Electrical testing and tagging of all appliances was completed in May 2025. Clinical equipment was last checked and calibrated on 23 April 2025. Hot water temperatures are checked monthly in each area and records show a safe temperature is maintained. All hand washing areas have free flowing soap and paper towels in the toilet areas, sluice rooms, medication rooms, nurses stations, kitchenettes and main kitchen. The psychogeriatric unit has one main lounge, dining area and a domestic style kitchen. There is a separate larger lounge for group gatherings which needs to be unlocked by staff. There is ample room for residents to walk freely and safely. The unit has been designed specifically for residents with cognitive challenges. There is plenty of natural light with large windows in each resident room. Over the last year the psychogeriatric unit has been renovated with lighter wall paint and artwork to make the area more attractive and interesting for residents. Family/whānau of residents in the psychogeriatric unit expressed the upgrades in the interior decorating have made a huge positive difference to the environment. There is one main garden area that residents can access from either the lounge/dining room or a hallway. The design of the psychogeriatric unit enhances the resident's freedom of movement and ensures staff are able to supervise and monitor residents as they go about their day in a non-intrusive manner. Throughout the facility there are handrails in bathrooms and hallways. All rooms and communal areas allow for safe use of mobility equipment. There is adequate space for storage of mobility equipment. Each area has a lounge, dining room and nurses' station and separate quiet rooms and seating areas. Furniture is appropriate for residents. There is a domestic style kitchen in each dining room. Activities are provided in the dining room adjacent to the kitchen and in the

		psychogeriatric unit. The resident rooms are of sufficient size to meet the residents' assessed needs and have external windows providing natural light and ventilation. Residents can manoeuvre mobility aids around the bed and personal space. Resident rooms were seen to have personal items of significance displayed. There is signage in te reo Māori and Māori artwork displayed throughout the facility. There are enough toilets in communal areas for residents and separate toilets for staff and visitors. Toilets have privacy systems in place. All dual-purpose bedrooms in the upper level can accommodate residents requiring rest home or hospital level of care. The gardens and grounds are well maintained and have seating and shade and safe walking pathways. The director and owners expressed their awareness of the need to consult the community to ensure the facility meets the needs and aspirations of Māori should there be any changes to the building. Residents and family/whānau interviewed expressed a high level of satisfaction with the environment.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	FA	Policies and procedures for fire safety, emergency planning, preparation, and response are available and known to staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan is in place and was approved by Fire and Emergency New Zealand on 17 May 2017. Fire evacuation drills are conducted every six months, and these are added to the training programme. The latest evacuation drill was completed on 26 November 2025, and a record of attendance was sighted. The staff orientation programme includes fire and security training. Fire exit doors were clearly labelled and free from clutter. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency, including food, water (including some bottled water and a bore with a pump to access unlimited potable water), continence products, and an external generator socket. There is a formal agreement in place with a generator

		hire company. All registered nurses and senior healthcare assistants have current first aid certificates. Staff demonstrated their understanding of emergency procedures. Call bells were sighted in each bedroom, communal areas and in toilet/shower areas. These are checked monthly by the maintenance person and records are entered into the maintenance folder. Residents and family/whānau confirmed staff respond to call bells promptly. Appropriate security arrangements are in place. The grounds are secured by a locked gate. The psychogeriatric unit is accessed by an external door; requiring passcode entry and exit. This building is locked at night. There are closed circuit television cameras operating in the grounds and communal areas including hallways. Emergency procedures are explained to the residents and family/whānau upon admission to services. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. The visitors' policy and guidelines were available to ensure resident safety and wellbeing are not compromised by visitors to the service.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.	FA	The infection prevention and control programme and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, is approved by the clinical manager in conjunction with the external infection consultant. The infection control programme and AMS programme links to the quality improvement plan and business plan. The infection control programme and AMS programme is developed by an external aged care consultant that also provides support to the registered nurse (infection control coordinator) and clinical manager. The director receives information via the monthly clinical manager`s report and governance / management that they attend, and any significant events are reported through this meeting. This was confirmed in an interview by two owners. Furthermore, infection rates are presented and discussed at the quality/staff meetings. Documented evidence showed infections were reviewed with the GP and appropriately managed. The service has access to an infection prevention and control clinical

		nurse specialist from Health New Zealand. Residents and staff are offered influenza and Covid-19 vaccinations.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The infection prevention and control programme and antimicrobial stewardship programmes are linked to the quality improvement system and reported on annually. The clinical manager and the infection prevention and control coordinator oversee the infection control and prevention programme. There are clearly documented roles and responsibilities related to the infection control coordinator role. The infection prevention and control coordinator has completed external training around infection prevention and control and has appropriate skills, knowledge, and qualifications for the role. The infection prevention and control policies have been developed by an external expert. The procedures and policies reflect the requirements of the standard and are based on current accepted good practice. The infection prevention and control coordinator has input into clinical policies that may impact on HAI risk. Staff have access to infection control policies, had training provided during orientation and ongoing education sessions. Residents and their family/whānau receive infection prevention and control education tailored to their needs. Single use medical devices are not reused and were seen to be safely and correctly disposed of. Reusable items were cleaned, and the annual cleaning audit completed ensure regular decontamination. However, there were insufficient evidence that day to day oversight of the staff`s infection control practices occur (link 5.5.1; 5.5.3 and 5.5.4). The pandemic plan includes the management of unwell residents, management of staff and visitors, food, and laundry services. There is a framework for communicating significant events to the director and to the staff. An outbreak response is documented, and the pandemic plan has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available at the facility, and staff have been trained accordingly. The service provides te reo Māori information around infection

		prevention and control for Māori residents. The policy and procedures provide guidance around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. The clinical manager/registered nurse understands the process of involvement, should there be plans for development and ongoing refurbishments of the building.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.	FA	The service has an antimicrobial use policy and procedure suitable for the size, scope, and complexity of the resident cohort. The antimicrobial stewardship (AMS) programme had been approved by the external consultant and clinical manager. The clinical manager and general practitioner monitor compliance with antibiotic and antimicrobial use by evaluating medication prescribing charts, prescriptions, and medical notes, adhering to recognised New Zealand Antimicrobial Stewardship Guidelines. Infection rates are monitored monthly and presented at meetings. Action plans are developed when necessary to improve AMS activities. Antimicrobial use is benchmarked quarterly by the external infection control consultant.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	FA	Surveillance of infections is appropriate for the size and complexity of the service. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data includes ethnicity, and is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at meetings. The registered nurse oversees the infection surveillance programme. Infection prevention and control data, along with any relevant issues, and progression of infections are communicated to residents and family/whānau as needed. Interview with the infection prevention and control coordinator evidence communication processes are culturally safe. Although there are annual internal audits completed with high conformity for laundry and cleaning there are insufficient oversight of

		the daily practices of staff (link 5.5.1; 5.5.3 and 5.5.4). Infection prevention and control data is shared with the facility's staff, and any recommendations from the GP are followed up. Infection prevention and control data, along with any relevant issues, are communicated to residents and family/whānau as needed. There has been one outbreak since the previous audit. Lexis Care staff adhered to its outbreak management plan and processes to notify appropriately. There is sufficient PPE stored, and training sessions include outbreak management.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	PA Low	There are policies and processes for the management of waste and infectious and hazardous substances; however, staff were unclear about the appropriate cleaning practices of commode bowls; there was limited guidance provided. Staff have not received training related to the use of the available sanitizer. There were three sluice rooms; none were fully functional. Laundry and cleaning processes are monitored annually through their internal auditing system. On review of the audit tools, these evidence full compliance. Chemicals were stored securely, and a closed chemical dispensing system is used. Material safety and data sheets are available. All relevant staff have completed chemical training. Cleaners are allocated to the roster seven days week. The cleaner’s trolley is stored securely when not in use. All linen, personals and kitchen items are laundered on site. Linen cupboards had enough linen and towels. The main laundry has a dirty to clean flow and folding occurs in a separate area. The same practice was not implemented in the laundry area in the PG unit where the PG residents personal clothing are laundered. There were PPE including appropriate eyewear available and separate hand-washing facilities. Both residents and their family/whānau reported no issues with the laundry and cleaning services, noting that the facility was consistently clean during the audit days. Any concerns raised in the residents' meetings are promptly followed up, and actions are taken to address

		them. As a result of the shortfalls identified at this audit related to the environment that is not conducive for optimal infection control practices; the director provided a mitigation plan to remedy the environment. The second day of the audit the sanitizer was fixed, and the one sluice room cleared. Interview with the clinical manager and the infection prevention and control coordinator stated their commitment to maintain a safe environment through continuous observation of daily practice and input during construction, renovation, and maintenance activities.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	The policy and procedures for restraint minimisation and safe practice specify Lexis Care is committed to providing a restraint-free environment to the best of their ability. This is supported by the director, owners, clinical manager and staff. The policy and procedures have been developed by a consultant who is well known in the aged care sector and approved by the director. The policy requires when restraint is considered, the facility works in partnership with Māori, to ensure resident voices are heard, and ensure services are mana enhancing. During the audit there were two residents using restraints, one bedrail and one lap belt. The restraint coordinator is the clinical manager. A job description is in place for the restraint coordinator role. The restraint coordinator stated their commitment to least restrictive practices is through ensuring residents needs are met through intentional rounding, regular toileting, implementing falls prevention strategies, use of equipment such as sensor mats and landing mattresses as examples, effective communication with family/whānau and educating staff on maintaining safety for individual residents. The restraint committee is comprised of the restraint coordinator, a registered nurse and general practitioner. Restraint use is reported at the monthly staff meetings. The restraint coordinator reports on restraint use to the director and owners. Training records demonstrate staff receive education on the restraint minimisation policy and procedures during orientation. Thereafter staff receive annual education on restraint minimisation, management of

		challenging behaviour, de-escalation and falls prevention. Staff complete an annual competency test.
Subsection 6.2: Safe restraint The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first. Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.	FA	Interview with the restraint coordinator and review of residents' files who use restraint show restraints are required to be approved by the restraint coordinator and general practitioner in consultation with family/whānau. Before approving a restraint, the service ensures all alternatives have been exhausted including use of extra low beds, landing mattresses, sensor mats, intentional rounding and other falls prevention strategies. An assessment is completed first which includes the resident's previous experience with restraint, if there is an underlying infection (which is treated before applying restraint), any risks to the resident, potential benefits, cultural needs and monitoring requirements. The restraint coordinator determines the frequency and extent of monitoring which is based on the resident's needs and risks. Monitoring records show staff monitor resident's cultural, physical, psychological, psychosocial needs and their wairuatanga in the time frames determined by the restraint coordinator. The restraint coordinator maintains a restraint register which includes the following: name of the resident; type of restraint; reason for initiating restraint; alternatives tried; family/whānau support; outcome of the restraint (such as no falls); any adverse events related to the restraint; observations and monitoring; and evaluation (after one month of restraint use and then six-monthly). There is a procedure included in the restraint minimisation and safe practice policy for emergency restraint. The restraint coordinator stated emergency restraint has not been used in the time they have been in the role (two years). The emergency restraint procedure includes a requirement for debriefing. The one-month and six-monthly evaluations discussed with the registered nurse, clinical manager and general practitioner and with individual family/whānau include: the type of restraint used and whether this can be discontinued or modified (such as using one bed rail instead of two); whether the care plan details the interventions and support

		required and whether these were implemented; the impact of restraint to the resident, family/whānau and staff; whether the time using restraint was the least amount possible; what other alternatives are used and the effectiveness of these; the ongoing support and advocacy for the resident; whether monitoring is sufficient and effective; other options that could be tried as an alternative; any additional training required for staff; review of the care plan; staffing skill mix; and staff cultural competency. Staff meetings provide a forum for staff to discuss restraint.
Subsection 6.3: Quality review of restraint The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice. Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.	FA	The restraint coordinator completes a six-monthly review of all restraint use. Review of documents show the following is reviewed: monthly restraint number and type of restraint used; a summary of findings from evaluations; any trends; safety and effectiveness of restraint use; staff education and competency; health and safety oversight to mitigate risks to staff; whether monitoring is effective and holistic; that residents' rights are upheld; progress towards restraint elimination; whether there have been adverse outcomes; whether the policy and procedures are fully implemented; whether the restraint is still necessary or could be trialled to be removed; if alternatives to restraint are fully implemented; feedback from family/whānau and whether they are involved in all decisions; and any recommendations for additional staff training or other alternative that could be implemented to progress towards a restart-free environment. The outcome of the six-monthly review is reported to the director and owners.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 2.3.1 Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.	PA Low	There are two registered nurses on morning shift, two registered nurses on afternoon shift and one registered nurse on night shift for the facility. The psychogeriatric unit (20 beds-PG unit) and the 79 dual unit is co-located within the same facility but not located on the same physical level within the building. There are registered nurses on site 24/7; however, there are only one RN on night duty to oversee both units; this roster arrangement does not meet the ARHSS clause D 17.4 related to the night RN cover for a psychogeriatric unit co-located with another service level of more than 50 beds. The clinical manager stated there were no changes made to the	At the time of the audit the provider did not meet the Clause D 17.4 of the Aged Residential Hospital Specialised contract (ARHSS) related to registered nurse cover for the PG unit at night.	Ensure to meet the contractual requirements related to RN cover for the PG unit. 60 days

		roster since the provisional audit. At the time of the audit, the director immediately made the necessary arrangements, and a registered nurse was added to the roster for the night shift in the PG unit.		
Criterion 5.5.1 Service providers shall ensure safe and appropriate storage and disposal of waste and infectious or hazardous substances that complies with current legislation and local authority requirements. This shall be reflected in a written policy.	PA Low	All staff completed training in relation to infection control practices as evidenced in staff records. There is a high use of commodes within the facility. There are policies and processes for the management of waste and infectious and hazardous substances; however, staff interviewed were unclear about the appropriate cleaning and disinfection practices of commode bowls and did not know how to operate the sanitizer; this was confirmed through observation during the facility tour. The policies reviewed did not provide clear guidelines related to infection control practices of the commode bowls. The three sluice rooms were not fully functional. On the second day of the audit the director provided an action plan to remedy the issues. On the day of the audit the third sluice room was cleared to be usable, the sanitizer was fixed and in a workable order.	(i). There are no clear guidelines in the policies around the cleaning/disinfection of commode bowls. (ii). The three sluice rooms were not fully functional: (a) there were no sanitizer in the sluice room on the ground floor (PG unit); (b) The second sluice room in the `new wing` had a sanitiser but it was not functional, and the deep sink was not accessible to staff; (c) The sluice in the `old wing` was a storeroom; there was an older version of a macerator but not accessible to staff. (iii). Staff did not know how to operate the sanitizer available to them.	(i). Ensure policies reflect the guidelines related to the cleaning/disinfection of commodes. (ii). Ensure all sluices are functional and staff have access to sanitizers. (iii). Ensure staff receive the appropriate training in the use of the sanitizer(s). 60 days

Criterion 5.5.3 Service providers shall ensure that the environment is clean and there are safe and effective cleaning processes appropriate to the size and scope of the health and disability service that shall include: (a) Methods, frequency, and materials used for cleaning processes; (b) Cleaning processes that are monitored for effectiveness and audit, and feedback on performance is provided to the cleaning team; (c) Access to designated areas for the safe and hygienic storage of cleaning equipment and chemicals. This shall be reflected in a written policy.	PA Low	There are at least three housekeepers rostered each day over seven days. Cleaning trolleys were in a good condition with chemicals securely stored. All housekeepers have completed orientation to their role and completed chemical training. On observation through visual inspections there were not an established process for the cleaning and hygienic storage of mopheads; the policies reviewed related to infection control do not provide guidance.	There are not clear guidelines to housekeepers related to the cleaning and drying of mopheads.	Ensure there are documented guidelines for the cleaning and drying of mopheads; and staff received the training accordingly. 60 days
Criterion 5.5.4 Service providers shall ensure there are safe and effective laundry services appropriate to the size and scope of the health and disability service that include: (a) Methods, frequency, and materials used for laundry	PA Low	The laundry policies provide sufficient guidelines to minimise cross infection. There is a main laundry where all the linen and personal clothing (except for the personal clothing of the residents in the PG unit) is laundered. There is a dedicated laundry person in the main laundry seven days a week. The main laundry has an obvious defined	(i). There is not a defined flow of dirty and clean laundry in the ground floor laundry area. (ii). There is a lack of appropriate bench space to fold residents' clean clothes without cross contamination.	(i). Ensure equipment is grouped into dirty and then clean areas to deliver for optimal workflow. (ii). Ensure appropriate space is available for folding of clean linen to prevent cross infection.

processes; (b) Laundry processes being monitored for effectiveness; (c) A clear separation between handling and storage of clean and dirty laundry; (d) Access to designated areas for the safe and hygienic storage of laundry equipment and chemicals. This shall be reflected in a written policy.		clean and dirty flow. The personal clothing of residents in the PG unit is laundered in an area in PG unit by the HCAs. This area does not have a definite clean and dirty flow and no appropriate space to fold the personal clothes. On observation of staff practices clean personal clothes were cross contaminated with `dirty` equipment.		90 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.