

# Divine Hand Ventures Limited - Peaceful Pines Living

---

## 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:

<b>Legal entity:</b>	Divine Hand Ventures Limited
<b>Premises audited:</b>	Peaceful Pines Living
<b>Services audited:</b>	Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 9 December 2025      End date: 10 December 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	25

# Executive summary of the audit

---

## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Peaceful Pines Living is a standalone aged care facility with two directors/owners. The facility is in Darfield, Canterbury and has been under new ownership and management since February 2025. Peaceful Pines Living is certified to provide rest home and dementia level of care for up to 25 residents. There were 25 residents on the days of audit.

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 care business manager (director/owner) is a registered nurse with extensive experience in aged care. The care business manager is supported by the operations manager (director/owner) for the non-clinical operations and by the registered nurse (RN) and experienced healthcare assistants in the day-to-day clinical operations. Residents and family/whānau interviewed responded positively about the care and support.

This audit identified that the service needs a current building warrant of fitness.

## Ō tātou motika | Our rights

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



Subsections applicable to this service fully attained.

Peaceful Pines Living provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld.

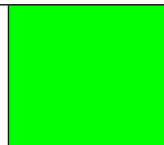
There are a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Peaceful Pines Living provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. The informed consent process is well understood and implemented by staff, and there is evidence that residents and family/whānau are kept informed.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

## Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

There is a documented 2025-2027 business operation 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.

A health and safety system is in place. Health and safety policies and procedures are documented with a health and safety committee that meets as per schedule. Staff incidents, hazards, and risk information is collated, with the operations manager actively engaged in meetings to ensure that identified risks are mitigated or eliminated.

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.
---	--	--

Peaceful Pines Living has admission information available prior to, or on entry to the service. The registered nurses efficiently manage the entry process to the service. The registered nurses assess, plan and review residents' needs, outcomes, and goals. The care plans demonstrated individualised care.

The planned activity programme provides residents with a variety of individual and group activities, and maintains their links with the community. There were adequate resources to undertake activities at the service.

Medication policies reflect legislative requirements and guidelines. The registered nurses and medication competent healthcare assistants are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission, and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines, and additional requirements/modified needs were being met. The service has a current food control plan.

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

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

<p>Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
--	--	--

The building holds a current Building Warrant of Fitness Report and Declaration. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. Rooms are spacious to meet the needs of the residents. Rooms are personalised with appropriate heating and ventilation. The dementia unit is secure, with a secure outdoor area.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. All staff members have current first aid certificates.

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

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

Subsections applicable to this service fully attained.

The infection prevention and control and antimicrobial stewardship programmes are tailored to the service's size and complexity, approved by the care business 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.

The infection prevention coordinator (care business manager) oversees infection surveillance, sharing infection control data with staff, and ensures that general practitioner and external consultant recommendations are implemented. Policies and processes for managing waste, infectious, and hazardous substances are confirmed through document review and staff interviews. The effectiveness of laundry and cleaning processes is monitored via the internal audit system and ongoing management observations.

## **Here taratahi | Restraint and seclusion**

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the registered nurse, who is the care business manager. There are currently no restraints in use. Use of restraints would only be considered as a

last resort, only after all other options are explored. Education is provided to staff around restraint minimisation, de-escalation, and challenging behaviour. A restraint register is available.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	1	0	0	0
Criteria	0	167	0	1	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>There is a Māori health plan and policy that describes the Māori perspectives of health and a commitment to Te Tiriti o Waitangi. Peaceful Pines Living has established connections with a local marae through their Māori Health Advisor. The care business manager reported during interview that they can also access cultural support and guidance through an external consultant.</p> <p>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 care business manager confirmed in interview that the service supports a Māori workforce through an equitable recruitment process. At the time of the audit there were no residents who identified as Māori. Staff received training on Te Tiriti o Waitangi, Māori health policy, tikanga practices and te reo Māori.</p> <p>There were current staff members who identified as Māori at Peaceful Pines Living. While there were no residents who identified as Māori at the time of the audit, systems are in place to ensure that self-determination, and the cultural values and beliefs of Māori residents and their family/whānau would be identified, respected, and documented within resident care plans as required.</p>

		All staff have access to relevant tikanga guidelines. Te reo Māori is encouraged to be used in general conversations within the facility. The care business manager confirmed that mana motuhake is respected and they are well-equipped to deliver equitable services.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>There is a Pacific health plan in place, which documents care requirements for Pacific peoples to ensure culturally appropriate 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 no residents who identified as Pasifika.</p> <p>There were current staff members who identified as Pasifika at Peaceful Pines Living. Interviews with the care business manager, operations manager, and staff confirmed that they understood the equity issues faced by Pacific peoples. The service partners with Etu Pasifika (Health, Wellbeing and 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.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>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. The care business manager confirmed the involvement of independent advocacy when required.</p> <p>Interviews with three residents and six family/whānau (five dementia and one rest home) confirmed that staff are respectful and considerate of residents' rights in line with the Code, and that they are made aware of the Code and the Nationwide Health and</p>

		<p>Disability Advocacy Service. In addition, they also confirmed that individual cultural beliefs and values, are respected and the Code is well implemented. The service provides opportunities to discuss and clarify their rights through one-on-one meetings, open door policy, resident, and family/whānau meetings. The service actively supports and encourages family/whānau engagement and welcome visits.</p> <p>Interviews with eight staff (one registered nurse, three healthcare assistants, one activities coordinator (in training), one chef, one housekeeper/laundry and one gardener); external providers including a chaplain / Māori cultural advisor, and a palliative care nurse specialist; two managers (care business manager and operations manager); and the documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their service.</p> <p>The care business manager and operations manager affirmed their commitment to respecting and upholding Māori autonomy and mana motuhake, which was confirmed by staff interviewed.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Resident file reviews and interviews with staff, residents and family/whānau confirmed that Peaceful Pines Living 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 characteristic. Staff were observed to maintain privacy throughout the audit. All residents have a private room. Care plans included respect for advance directives and personal wishes, as well as efforts to promote independence. The staff demonstrated their understanding of the principles of Te Tiriti o Waitangi and how to apply these in their daily work.</p> <p>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</p>

		<p>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.</p> <p>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 registered nurse and healthcare assistants 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.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff demonstrated a clear understanding of the service's policy on abuse and neglect, including the appropriate actions to take if signs of new, ongoing, or repeated harm were identified. The audit found no instances of discrimination, coercion, or harassment in staff, resident and family/whānau interviews or in the reviewed documentation. Staff demonstrated an understanding of what Te Tiriti o Waitangi means to their practice. The service implements the protection of property and finances policy, which includes the process of managing resident's finances through invoicing. Residents stated that staff took care of their property.</p> <p>Internal audits related to the Code and cultural safety 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. All staff sign the employee handbook on engagement with the service to confirm they have read and understand the code of conduct and house rules. Professional boundaries are outlined in job descriptions and staff receive training around professional</p>

		<p>boundaries.</p> <p>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 when in the service.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>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 nominated enduring power of attorneys (where applicable) are kept current, with a secondary contact detail provided where applicable.</p> <p>The general practitioner interviewed confirmed timely communication and appropriate follow ups. The care business 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 with regard to services involved. Residents and family/whānau interviewed confirmed they know what is happening within the facility, and felt informed regarding events/changes through regular communication.</p> <p>At the time of the audit there were no residents who could not speak and understand English. Peaceful Pines Living has access to interpreter services when required. Communication and information are provided in ways that support residents and family/whānau to easily access, understand, and use the information, including clear written and verbal explanations, opportunities to ask questions and raise concerns, and time to consider decisions.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>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 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.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney. 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 enduring power of attorney had been activated, a medical certificate for incapacity is on file.</p> <p>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 enduring power of attorney. 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.</p> <p>The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care. The care business manager has a good understanding of the organisational processes to ensure Māori residents involve the family/whānau for collective decision making. Support services for</p>

		Māori are available.
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The care business manager maintains the register of all complaints, concerns, and compliments. All complaints sighted were from previous ownership and have been closed off, and concerns raised were appropriately addressed in a timely manner. There have been no formal complaints received since takeover of the new owners in February 2025. A complaint made through the Health and Disability Commissioner (HDC) in 2021 has been closed (letter from HDC dated 9 June 2025 was sighted) and the recommendations made have been actioned and maintained by the service. Staff are informed of any feedback (and any subsequent corrective actions) in quality/ staff meetings (minutes sighted).</p> <p>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 care business 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 two monthly resident meetings. 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 care business manager is available to meet and discuss any complaints face to face.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in</p>	FA	<p>Peaceful Pines Living is owned and operated by Divine Hand Ventures Limited. Peaceful Pines Living is certified to provide rest home and dementia level care for up to 25 residents. On the day of the audit there were 25 residents, with one resident on respite care in the dementia unit. There are three double rooms suitable for couples;</p>

<p>partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>however, all rooms were single occupancy at the time of the audit.</p> <p>The service is governed by two directors, comprised by the care business manager and the operations manager. Both directors maintain a hands-on leadership approach and are on site five days per week, with availability for after-hours support as required. The care business manager is responsible for the clinical day-to-day operations of the facility, while the operations manager oversees the non-clinical aspects of service delivery. The care business manager has extensive experience in the aged-care sector and has held a range of management and consultancy roles across multiple organisations. The operations manager has previously held senior management roles in another sector. The care business manager and operations manager comprise the Board and demonstrated sound knowledge of contractual and legislative requirements.</p> <p>Peaceful Pines Living has a 2025-2027 business operation plan that includes a mission statement, philosophy, and objectives of the service. The business operation plan is regularly reviewed against set goals as part of the quality and all-staff meeting. All heads of department, including the registered nurse, senior healthcare assistant, chef, and housekeeper, provide support to the management team. Regular weekly operational stand-up meetings are held between the managers and departmental heads to address day-to-day service delivery matters. Quality and all-staff meetings are held bi-monthly. Meeting minutes reviewed evidenced discussion of the quality and risk management programme, including training, health and safety, infection prevention and control, staffing, internal audits, complaints (where applicable), cultural safety, and survey outcomes. During the audit, the care business manager and operations manager were observed actively engaging with residents and family/whānau, demonstrating a strong understanding of the service's day-to-day operations.</p> <p>The management team at Peaceful Pines Living have an understanding in Te Tiriti o Waitangi and health equity, and supports meaningful inclusion of Māori, and ensures the organisation's values and goals reflect the needs of Māori. Interview with the management team confirmed analysis of internal processes, business planning, and service development to improve outcomes and achieve equity for</p>
--	--

		<p>Māori including tāngata whaikaha people with disabilities; and to identify and address barriers to provide equitable service delivery. Māori consultation ensures policies and procedure represents Te Tiriti partnership. A Māori health advisor assists the facility to offer expert support in te reo Māori and tikanga Māori. Residents including tāngata whaikaha people with disabilities are encouraged to participate in the planning and evaluation of the service through general feedback, annual surveys and bi-monthly resident and family/whānau meetings.</p> <p>The management team undertake professional development activities related to managing an aged care facility and has completed cultural safety and Te Tiriti O Waitangi training. The care business manager meets regularly with the registered nurse for peer support, and discussions related to clinical oversight are held. Clinical governance is managed and overseen by the care business manager.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Peaceful Pines Living has implemented a quality and risk management programme that includes performance monitoring through internal audits and the collection of clinical indicator data (eg, falls, medication errors, infections, skin integrity/tears, complaints, restraints if used).</p> <p>A meeting schedule is implemented and evidence staff participation in the quality programme. Internal audits are conducted according to the schedule, and any corrective actions identified are used to enhance service delivery. Internal audits schedule includes clinical audits, which include monitoring against policy and contractual requirements. Resolved issues are signed off and discussed at the bi-monthly combined quality (quality and staff/health and safety/infection control/management) meeting. Quality data on infections, restraint use (or lack of it), incidents, and wounds is collected, analysed, and reviewed at the 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</p>

		<p>meetings.</p> <p>Family/whānau satisfaction surveys are conducted annually, with the October 2025 results indicating high levels of satisfaction with the service. A quality improvement plan was documented and implemented related to the building environment, activities programme and food service. There has been significant improvement since implementation of the quality improvement plan in February 2025, and evaluation is ongoing and continuous.</p> <p>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. 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 facility 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.</p> <p>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 or care business manager. Incident and accident data is collated monthly and reported in the quality meetings and at handovers. Each event involving a resident reflected a clinical assessment and a timely follow-up by a registered nurse. Opportunities to minimise future risks are identified by the care business manager. Health and safety is part of the quality and staff meetings, and health and safety representatives monitor hazards and risks, and meet six-monthly. Hazards are documented and addressed. There is a current hazard and risk register in place. Staff received education related to hazard management and health and safety at orientation and annually. The meeting minutes evidence leadership commitment to health and safety and staff wellbeing.</p> <p>Discussions with the care business manager evidenced their awareness of the requirement to notify relevant authorities in relation</p>
--	--	--

		<p>to essential notifications. There was one Severity Assessment Code (SAC) report sent to the Health Quality and Safety Commission relating to a fracture. There were no events that required a Section 31 notification to HealthCERT. There has been one outbreak (influenza) appropriately reported since the previous audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>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. A registered nurse is employed full time and covers two morning and two afternoon shifts, including a weekend shift. The staff has access to on-call support, which is shared by the care business manager and the registered nurse. The operations manager is available after hours for non-clinical issues.</p> <p>In the absence of the care business manager, the registered nurse provides oversight of the facility, with support from all departmental heads. A sufficient number of healthcare assistants are rostered to ensure residents' needs are met. Staff interviews confirmed that staffing levels are adequate to meet resident acuity and care requirements. Staff, residents, and family/whānau are informed when there are changes to staffing levels, as confirmed through interviews. Residents and family/whānau interviewed did not raise concerns regarding staffing, and reported that staff are attentive and responsive to residents' needs. The activities coordinator provides activities Monday to Friday, and is currently enrolled in a diversional therapy qualification.</p> <p>An annual education and training schedule is in place and has been fully implemented to date. This includes all mandatory training requirements, along with additional education relevant to the care of older people. Staff reported receiving training through an online learning platform (care online), formal face-to-face in-service education delivered by external providers, and toolbox talks addressing current and resident-specific needs. The service supports and encourages healthcare assistants to attain New Zealand Qualifications Authority (NZQA) qualifications. At the time of the audit, fifteen healthcare assistants were employed, including three with NZQA Level 4, six with Level 3, and six with Level 2</p>

		<p>qualifications. Nine healthcare assistants were rostered in the dementia unit; all had completed the required dementia unit standards, with the exception of three newly employed staff who are enrolled to complete the qualification within the required timeframes. All staff complete competency assessments as part of orientation, including (but not limited to) hand hygiene, correct use of personal protective equipment (PPE), and manual handling and transfer.</p> <p>The healthcare assistants 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 two registered nurses employed (including the care business manager). The care business manager is interRAI trained. Staff reported a positive work environment, and an employee assistance programme is available to them, when required.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Six 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.</p> <p>Competencies are completed at orientation and then as part of the ongoing education plan. Peaceful Pines Living demonstrated that the orientation programme supports the registered nurse and healthcare assistants 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 care</p>

		business manager reported that debrief and discussion occur following any incidents.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident records are electronic, and staff files are paper based. The medication management is electronic. The medication management system is secure and require 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.</p> <p>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 care business manager is the privacy officer and oversee all requests related to health information. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information pamphlets are provided for family/whānau and residents prior to admission, or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria.</p> <p>Five admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pamphlet, and received 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. The registered nurses are available to answer any questions regarding the</p>

		<p>admission process, and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process, and declining entry would be if the service had no beds available. The care business manager stated that if entry to the service is delayed, the potential resident and their family/whānau receives timely updates. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. Peaceful Pines Living has meaningful relationships with a Māori health advisor (chaplain), Māori support groups and Māori organisations, and they support Māori residents to have positive wellbeing outcomes when admitted to the service.</p> <p>The Needs Assessment and Service Coordination (NASC) assessment for placement are kept on the files to evidence the assessment of the appropriate level of care.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five files were reviewed for this audit, including three residents at rest home level of care and two residents at dementia level of care, including one on a respite care contract. The registered nurses (including the care business manager) are responsible for conducting all assessments and for the development of care plans. Residents and family/whānau interviewed report they are involved in the assessment, care planning, and review process, as evidenced in the files reviewed.</p> <p>There is a cultural awareness policy in place to ensure the service supports Māori and family/whānau to identify and minimise barriers and identify their own pae ora outcomes in their care or support plan.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files (except the resident on respite care) had interRAI assessments completed. All files reviewed confirmed that the initial interRAI</p>

	<p>assessments and initial long-term care plans were completed in a timely manner. The long-term care plan includes interventions to guide care delivery, which are reflective of assessed needs. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed at least six-monthly or when residents' needs changed. Short-term care plans for infections, weight loss, behaviour that challenges, and wounds were well utilised, with interventions transferred to the long-term care plans in a timely manner.</p> <p>The resident on respite care had a comprehensive initial assessment and care plan completed that identified risks and early warning signs to manage needs effectively. An activities and diversional profile was completed at the time of the completion of the initial care plan.</p> <p>Residents in the dementia unit have behaviour assessments and behaviour plans with associated risks and supports needed, and includes strategies for managing/diversion of behaviours. The long-term care plan includes close to normal routine of the resident's usual pattern of behaviour, and behaviour management strategies to assist healthcare assistants in management of the resident's behaviours.</p> <p>The general practitioners (GPs) from the local GP practice ensure residents are assessed within five working days of admission. The GPs review each resident at least three-monthly. The GP practice does not provide after-hours on-call service and residents would normally be transferred to the emergency department at the public hospital. The care business manager/registered nurse is available 24/7 for clinical advice and decision making as required. The GP interviewed expressed satisfaction with the standard of care and the RN competence at Peaceful Pines Living. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A physiotherapist is contracted to provide services fortnightly, including an exercise programme. Referrals are made to a dietitian when required. A podiatrist visits six to eight-weekly and a continence advisor, palliative care nurse specialist (interviewed), mental health for older persons, and wound care specialist nurse are available as required.</p> <p>Healthcare assistants and the registered nurses interviewed described a verbal handover at the beginning of each duty that</p>
--	---

		<p>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 daily by the RNs and/or healthcare assistants. The RN further adds to the progress notes, if there are any incidents, GP visits, or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family members confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the RN, who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes, and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There were two residents with wounds (skin lesions) on the day of the audit. All wounds had comprehensive wound assessments, wound management plans, and documented evaluations, including photographs (if required) to show healing progression. The healthcare assistants and RNs interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. The healthcare assistants and the registered nurses complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; and blood glucose levels. All monitoring reviewed was implemented as scheduled. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful</p>	<p>FA</p>	<p>The activities programme is overseen by a part-time (27 hours per week) activity coordinator (AC), who is working towards a DT qualification. The activity coordinator is responsible for the assessments (resident's diversional profile), writing of daily progress notes (to evidence attendance), and the planning of special days. The RNs are responsible for the care planning (cultural, social, and</p>

<p>community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>diversional therapy care plan) and evaluation process. An external DT consultant provides peer support and input into the activities programme fortnightly. Residents and family/whānau interviewed stated there have been a noticeable improvement in the activities programme for 2025, with increased community engagement through regular van drives, volunteers, and entertainers.</p> <p>There are separate activities programmes for rest home residents and for the residents in the dementia unit. There are several activities (including entertainers) that are held together for all to attend. The activities programme runs from Monday to Sunday, and the weekend programme is supported by the healthcare assistants. There are plenty of resources available.</p> <p>The programme is planned monthly and weekly. The weekly calendar is placed in large print on all the noticeboards. The activity coordinator facilitates opportunities to participate in te reo Māori, incorporating Māori language in entertainment and singing (kapa haka school group and ukelele entertainers), craft, and participation in Waitangi weekend, Māori language week, and Matariki. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities, have one-on-one visits for a chat, and to see if there is anything they need.</p> <p>A resident's diversional profile in the resident's file includes the resident's cultural preferences, past hobbies and present interests, likes and dislikes, career, and family/whānau connections. Each resident in the secure dementia unit has an individualised daily activity plan and de-escalation/distraction strategies appropriate to them. The activities support reminiscing and sensory needs. Activities also include memory games and domestic chores.</p> <p>Residents are encouraged to join in activities that are appropriate and meaningful. Activities take place in the communal lounges in each area where residents and family/whānau can access specific resources. A resident attendance list is maintained for activities, entertainment, and outings. Activities include (but are not limited to) exercises; newspaper reading; music and movement; crafts; games; quizzes; entertainers; board gaming; hand pampering; bingo; happy</p>
---	---

		<p>hour; and long or short walks. There are twice weekly van outings.</p> <p>There are several volunteers that assist with one-on-one activities during the week. Staff have access to a Māori cultural advisor if cultural support is needed. A chaplain visits regularly.</p> <p>There are regular resident meetings. Residents and family/whānau can also provide feedback on activities at the six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A medication management policy is available for safe medicine management and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided.</p> <p>Staff were observed to be safely administering medications. The registered nurses and healthcare assistants interviewed could describe their role regarding medication administration. The facility uses blister packs. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in two locked trolleys in a secure medication room. The medication trolleys are always locked when not in use. The medication fridge and medication room temperatures are monitored daily. 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 GP and charted on the electronic medication chart.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. There were three rest home residents self-administering medication on the days of audit. The policies and</p>

		<p>procedures related to the competency assessment and storage of medication is implemented. The care plans reflect the fact that the residents are administering medications.</p> <p>Pro re nata (PRN) medications are 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 side effects. This is documented in the progress notes.</p> <p>The registered nurses 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 when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are prepared and cooked on site. There is a full-time chef and a relieving cook. All kitchen staff have safe food handling certificates. The food control plan is current.</p> <p>The four-weekly seasonal menus have been reviewed by a dietitian in November 2025. There is a food services manual available in the kitchen. The chef receives resident dietary information from the registered nurse, and is notified of any changes to dietary requirements (diabetic pureed foods) or residents with weight loss. The chef (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes, or religious and cultural preferences. Cultural options are available upon request. Finger food is available for residents in the dementia unit. On the day of audit, meals were observed to be well presented.</p> <p>The chef completes a daily diary, which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the cooking process. Meals are served directly from a bain-</p>

		<p>marie in the kitchen to the dining room. Food is transported to the dementia unit with insulated lids. Residents were observed enjoying their meals. There was a pleasant ambience in the dining room. Staff were observed assisting residents with meals if required. Lipped plates are available.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, and the variety and choice of meals provided. They can offer feedback directly to the chef, at the resident meetings and through resident surveys.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. Family/whānau are requested to accompany their relative to appointments.</p> <p>The registered nurse explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well 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</p>	PA Low	<p>The physical environment is safe and well maintained. There is a Building Warrant of Fitness Report and Declaration. The operations manager oversees maintenance, and a contracted maintenance person ensures the implementing of the day-to-day maintenance requests. A gardener is employed for two days a week.</p> <p>There is an annual preventative maintenance plan that includes electrical testing and tagging. Monthly testing of hot water temperatures occurs, and if temperature recordings are out of expected range, a plumber is notified. Calibration of medical equipment was completed within the last 12 months.</p>

<p>belonging, independence, interaction, and function.</p>	<p>The building is a single level building, with easy access to the spacious external gardens. A gardening team maintains gardens and grounds. There are outdoor furniture and shade available.</p> <p>The facility has corridors with handrails for residents to safely mobilise using mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The staff interviewed stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans. The facilities furnishings, floorings and equipment are suitable to meet resident needs.</p> <p>There are 25 rooms, including 13 dementia level care, and 12 for rest home level of care. The dementia unit is secure. The unit has been designed specifically for residents with cognitive challenges. The secure dementia unit has a large open plan lounge dining room, with a small nurses' station which overlooks the external communal area. The secure garden areas are freely accessible to residents, with a loop pathway. On the days of audit, these outdoor areas were well utilised by residents and visitors.</p> <p>There are three double rooms across the facility (25, 33 and 39) that are suitable for couples. Each unit has a dining area and separate communal lounge areas. The corridors, communal areas and rest home rooms are carpeted. Resident rooms in the dementia unit are a mix of carpet and vinyl planking. Bathrooms, kitchenette, and service areas have vinyl surfaces. There are adequate storage areas for mobility equipment. Staff interviewed confirmed there is sufficient equipment to provide the care outlined in the residents' care plans. All resident rooms are spacious enough to allow residents to move about with mobility aids. Residents and family/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit. The residents interviewed confirmed their privacy was maintained while attending to personal hygiene cares.</p> <p>There is a mix of ceiling heaters, wall heaters, and a large capacity heat pump for communal areas. All heaters in resident rooms and communal areas can be individually adjusted to suit individual preferences. All resident rooms have external windows and are well ventilated. The facility has plenty of natural light. All residents interviewed stated they were happy with the temperature of the</p>
--	--

		<p>facility. Furniture is arranged around to create a homely and welcoming environment.</p> <p>All bedrooms throughout the facility have a handbasin. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Communal toilets and showers have a system that indicates if they are vacant or occupied. Fittings, fixtures, and flooring is appropriate. All rooms are of an appropriate size to allow care to be provided, and for the safe use and manoeuvring of mobility aids. Equipment/accessories are available to promote resident independence.</p> <p>Group activities occur in the main lounge, and residents interviewed stated they were able to use alternative communal areas, if they did not wish to participate in the group activities being held in the main lounge. There is an additional small lounge in the rest home area.</p> <p>The facility has a resident van with current registration and warrant of fitness, and can accommodate a wheelchair.</p> <p>The operations manager reported that when there is a planned development for the building, there shall be consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>A disaster management plan outlines specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand (dated 12 January 2021). Fire evacuation drills are held six-monthly and were last completed November 2025.</p> <p>Civil defence supplies are stored in identified cupboards in each area and are checked three-monthly. In the event of a power outage, emergency lighting provides sufficient lighting until the provider can access generators. The service has a generator which is sufficient to manage laundry, and kitchen can provide basic support. There is a</p>

		<p>local hire company which can provide additional generators if required. There are three generator access points available. A gas barbeque is available for cooking. There is adequate food supply available for each resident, for minimum of three days. There are adequate supplies in the event of a civil defence emergency. The provider has 50 twenty litre containers of drinking water and a 1000-litre tank available, providing sufficient water supplies to provide residents and staff with three litres per day, for a minimum of three days. Emergency management is included in staff orientation and is included in the ongoing education plan. Emergency response flip charts are readily available. A minimum of one person trained in first aid is always available.</p> <p>A new call bell system has been installed. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. All areas have enunciators. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of the maintenance audit. The residents were observed to have their call bells in proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The facility is secured at night, with the doors and gates closing at predetermined times. There are closed circuit cameras in communal areas, corridors and at external doors; however, the system is not currently operational. The new provider is aware and plans to replace the system. Family/whānau are informed of emergency procedures as part of the admission process for their relative. On interview, staff confirmed an awareness of the process to follow, should an emergency event occur. The facility is secured at night. There is security lighting at the front entrance. Staff wear badges and are identifiable. Visitors sign in at the entry to the service.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component</p>	<p>FA</p>	<p>The infection prevention and control (IPC) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service. The IPC and AMS programmes are developed by an external consultant approved by the care business manager (owner/director). The IPC and AMS programmes are an integral part of Peaceful Pines Living's quality programme, which is</p>

<p>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.</p>		<p>linked to the business plan to ensure the environment minimises the risk of infection to residents, staff, and visitors.</p> <p>The care business manager analyses the infections entered in the resident management system. A monthly analysis and benchmarking are completed. Furthermore, infection rates are presented and discussed in the quality/staff meetings. Documented evidence showed infections were reviewed with the general practitioner and appropriately managed.</p> <p>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.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control programme and antimicrobial stewardship programmes are linked to the quality improvement system and reviewed annually. The care business manager is the infection prevention and control coordinator and oversees the infection control and prevention programme. There are clearly documented roles and responsibilities related to the infection control coordinator role.</p> <p>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 health care associated infection risk.</p> <p>Staff became thoroughly familiar with policies through comprehensive training provided during orientation and ongoing education sessions, consistently demonstrating adherence to these policies. Residents and their family/whānau receive infection prevention and control education tailored to their needs.</p>

		<p>Single use medical devices are not reused and were seen to be safely and correctly disposed of. Reusable items were cleaned and sterilised using equipment which is used in line with manufacturers' guidelines, and this is audited to ensure its safe working state and regular decontamination.</p> <p>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 (weekly standup meeting and the quality / staff meeting). An outbreak response is documented, and the pandemic plan has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available at the facility, and staff have been trained accordingly.</p> <p>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 staff interviewed described implementing culturally safe practices in relation to infection prevention and control.</p> <p>The care business manager and the operational manager described a clear process of involvement from the infection prevention and control coordinator, should there be plans for further development. The infection prevention and control coordinator procures all equipment and consumables with advice from external consultants.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>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 care business manager, and monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes.</p> <p>The care business manager, registered nurse, 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</p>

		Stewardship Guidelines. Infection rates are monitored monthly and presented at the bimonthly quality / staff meetings. Action plans are developed when necessary to improve AMS activities.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>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.</p> <p>The 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.</p> <p>Infection prevention and control data is shared with the facility's staff, and any recommendations from the general practitioner are followed up. Infection prevention and control data, along with any relevant issues, are communicated to residents and family/whānau as needed.</p> <p>There has been one outbreak (influenza) since the previous audit. This outbreak was appropriately managed, infection outbreak logs kept, and documentation was maintained throughout the outbreak. The care business manager discussed the review completed post this event, to ensure the provider made improvements to the aspects of the outbreak management that required improvement. There are sufficient PPE stored, and training sessions include outbreak management.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within</p>	FA	<p>There are policies and processes for the management of waste and infectious and hazardous substances, and interviews with staff confirmed that policies and procedures are implemented. Laundry and cleaning processes are monitored for effectiveness via the</p>

<p>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.</p>		<p>internal audit system and ongoing observations by the management. Healthcare assistants are involved in laundry and cleaning services and have completed relevant training. 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.</p> <p>All linen, personals and kitchen items are laundered on site. Linen cupboards had enough linen and towels. The laundry has a dirty to clean flow and folding occurs separately. There is sluicing facility with appropriate PPE available and separate hand-washing facilities.</p> <p>Healthcare assistants stated that they received training on operating the washing machines, as they are responsible for the laundry processes. Staff are aware of prevention of cross contamination and use of PPE. Both residents and their family/whānau reported no issues with the laundry and cleaning services, noting that the facility is consistently very clean. Any concerns raised in the residents' meetings are promptly followed up, and actions are taken to address them. The infection prevention and control coordinator provides support to maintain a safe environment during construction, renovation, and maintenance activities.</p>
<p>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.</p>	<p>FA</p>	<p>The restraint minimisation and safe practice policy is in accordance with this standard and specifies the director’s commitment to a restraint-free environment. At the time of the audit there were no residents using any restraints. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing. The care business manager (registered nurse) is the restraint coordinator, and has documented roles and responsibilities that relates to the role. A job description which defines the responsibilities of the role is in place.</p> <p>Despite the facility being restraint free, the restraint meetings occur six-monthly. The restraint coordinator ensures the care plans explore all alternatives, including strategies to avoid the use of restraint. This</p>

		includes identifying cultural needs and beliefs, falls prevention strategies, and strategies for managing challenging behaviour. The quality / all staff meetings are held bi-monthly, and any use of restraint would be discussed there. Staff have ongoing training relating to maintaining a restraint-free environment and safe practice, and current annual competencies were sighted.
--	--	---

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	The recent acquisition of the business by the new owners has seen the owner inspections completed from the date of possession as required; however, the previous records were not provided by the outgoing owners. A Building Warrant of Fitness Report and Declaration was issued 1 July 2025.	There is not yet a Building Warrant of Fitness.	<p>Ensure a Building Warrant of Fitness is obtained at next review date.</p> <p>180 days</p>

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

---

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

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

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

No data to display
--------------------

End of the report.