

# The Ultimate Care Group Limited - Alden Rose Lodge

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	The Ultimate Care Group Limited
<b>Premises audited:</b>	Ultimate Care Rose Lodge
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 19 January 2026      End date: 20 January 2026
<b>Proposed changes to current services (if any):</b>	Premise name is now Alden Rose Lodge.
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	29

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Alden Rose Lodge is part of the Ultimate Care Group Limited and is situated in Invercargill. The service provides rest home and hospital (medical and geriatric) level of care for up to 30 residents. On the day of audit there were 29 residents.

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

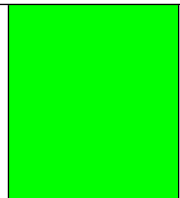
The nurse manager is supported by a clinical lead, a team of care and support staff, the regional manager, and the governance body. There are quality systems and processes being implemented. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service training are in place to provide staff with appropriate knowledge and skills to deliver care.

There have been changes in management since the previous audit.

The shortfalls to address from the previous audit relating to quality and risk; healthcare and support workers information and performance reviews; resident information; the physical environment; resident security; and laundry management, have been addressed.

This surveillance audit found no areas identified for improvement.

## 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.
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There is a Māori health plan in place. The service recognises Māori mana motuhake, and this is reflected in the Māori health plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples embracing their worldviews, cultural, and spiritual beliefs.

Staff demonstrated an understanding of resident’s rights and obligations and ensures that residents are well informed in respect of these.

Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident’s property and finances.

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

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The Alden Rose Lodge business plan includes mission and values statements and operational objectives that are regularly reviewed. Barriers to health equity are identified, addressed, and services are focused to ensure outcomes are improved for Māori.

The service has established quality and risk management systems that take a risk-based approach, to meet the needs of residents and staff. There is process for following the National Adverse Event reporting policy, and management have an understanding, and comply with statutory and regulatory obligations in relation to essential notification reporting. Quality improvement projects are implemented. Internal audits are documented as taking place as scheduled, with corrective actions as indicated.

There are staffing and rostering guidelines. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Registered nurses assess residents on admission. The initial medical assessment is completed by the nurse practitioner within the required timeframe. The service works in partnership with residents, and their family/whānau or enduring power of attorney to assess, plan and evaluate care. Care plans demonstrated appropriate interventions and individualised care.

The organisation uses an electronic medicine management system for prescribing, dispensing, and administration of medications. The nurse practitioner is responsible for all medication reviews. Medicines were safely stored and administered by staff who are competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. The service has an approved food control plan.

Transfers and discharges are managed in a safe manner.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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There is a current building warrant of fitness. Electrical equipment is checked for safety. Clinical equipment is calibrated and serviced as required. Hot water temperatures are maintained within the required range.


## **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.
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Infection prevention management systems are in place to minimise the risk of infection to residents and visitors. The infection prevention programme is implemented and meets the needs of the organisation and provides information and resources for staff. Documentation evidenced that relevant infection prevention education is provided to staff as part of their orientation, and as part of ongoing in-service education programme.

Surveillance data is undertaken, including the use of standardised surveillance definitions. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Surveillance information is used to identify opportunities for improvements. There have been no outbreaks since the last audit.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The Board and management team are committed to maintaining a restraint-free environment. There are policies and procedures for restraint minimisation and safe practice. Staff are trained in the least restrictive practice. There is no use of restraint.

## 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	21	0	0	0	0	0
Criteria	0	56	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the organisation. Alden Rose Lodge uses the plan as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. On the day of audit, there were residents and staff who identified as Māori.</p> <p>Ten staff (two registered nurses, one clinical lead, four caregivers, one chef, one administrator, one health and safety representative); and three managers (nurse manager, clinical lead and the national quality assurance manager), interviewed confirmed that they have completed cultural safety training and can discuss applying the principles of Treaty of Waitangi into the support they provide.</p> <p>Discussion with the nurse manager and review of documentation evidenced that the service has established connections with local Māori through current residents and their families/whānau.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of</p>	FA	<p>Alden Rose Lodge uses a model of care that reflects the values and beliefs which underpin the health service provision to Pacific people. During the audit there were residents who identified as Pasifika, and no Pacific staff at the facility.</p>

<p>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>		<p>Staff when interviewed demonstrated an understanding of Pacific culture, its relevance to their policies and were knowledgeable about how to access community support for Pacific individuals.</p> <p>An interview with the nurse manager confirmed that the service has established connections with Pacific people through current residents and their families/whānau.</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>A welcome package is provided that contains details about the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). There are opportunities for residents and their family/whānau to discuss aspects of the Code during the admission process. Interviews with two family/whānau (one from the rest home and one from the hospital), and five residents (one from hospital and four rest home), confirmed that they received information at admission, which included information about the Code.</p> <p>The Code around the facility is displayed in English and te reo Māori. Both residents and family/whānau are briefed on the extent of services provided and about services not covered under the scope; all of which are detailed in the service agreement. Staff interviewed were knowledgeable about the Code and reported that they supported residents to know and understand their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Alden Rose Lodge policies guide staff to prevent any form of discrimination, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property. The service implements a process to manage residents' comfort funds, such as sundry expenses. Interviews with residents and family/whānau confirmed that residents financial and property rights are upheld.</p> <p>All staff are trained in and are aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff and management demonstrated an understanding of professional boundaries, with residents and family/whānau stating professional boundaries are consistently maintained. Monthly resident and family/whānau meetings provide a platform for voicing concerns and</p>

		<p>suggestions directly to management. Residents and family/whānau interviewed stated that the meetings are helpful in ensuring they are kept up to date with staff changes and what is happening within the home.</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 around informed choice and consent. Staff and management confirmed their understanding of the organisational process to ensure informed consent for all residents, including Māori, who may wish to involve whānau for collective decision making. Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations. Residents and family/whānau interviewed could describe what informed consent was and knew they had a right to choose. Consent forms were appropriately signed by the enduring power of attorney (EPOA), where this has been activated. All documentation regarding EPOA, and activation is on file.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. Complaint forms are located at the entrance and are visible throughout the facility, or are available on request from staff. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose.</p> <p>The complaints process is underpinned by the guidelines set by the Health and Disability Commissioner and is linked to advocacy services. The Code and the complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is maintained, which includes all complaints, dates and actions taken. Over the last twelve months there have been seven complaints received. All have been closed to the satisfaction of the complainants. A review of the complaints register and discussion with the nurse manager evidenced that policy and procedure had been consistently followed regarding the management of all complaints</p>

		<p>received. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly.</p> <p>An anonymous complaint lodged in November 2024 via the health integrity line to Health NZ has been closed with no further action required.</p> <p>Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The nurse manager acknowledged their understanding that for Māori, there is preference for face-to-face communication, and to include family/whānau in participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Ultimate Care Group rebranded to refresh their values and their “here for you” philosophy. Alden Rose Lodge is owned and operated by Alden and is certified for 30 beds, which includes 29 dual purpose beds. There was a total of 29 residents on the day of audit. This included 13 hospital level residents and 16 rest home level residents. All residents using rest home and hospital level of care were funded under the age-related residential care contract (ARRC).</p> <p>Alden Rose Lodge is managed by a nurse manager (RN) who has been in the role for ten months. They are supported by a regional manager. The clinical lead has been in their role for 18 months. The governance of the company is delegated though the chief executive (CE). The CE reports to the shareholders (and their advisors) on their obligations under the relevant legislation.</p> <p>The Alden philosophy promotes sustainable provision of quality aged care and associated services. The vision and values are posted in visible locations throughout the facility and are reviewed in meetings. The governing body receives progress updates on various topics, including staff and resident incidents, benchmarking, complaints, human resource matters, and escalated complaints. The quality and business plan reflects links with Māori and aligns with the Ministry of Health strategies. The service has identified external and internal risks and opportunities that include addressing possible inequities, and how this will be</p>

		<p>achieved.</p> <p>An interview with the national quality and assurance manager confirmed that there is a clinical governance structure in place that is appropriate to the size and complexity of the service. The clinical governance is led by the national clinical lead for the organisation and includes the national clinical educator, national clinical data analyst, quality improvement advisors and clinical quality lead. They are supported by the CE, and health and safety representatives. They meet monthly. The clinical governance structure encompasses a framework of policies, processes, and practices designed to ensure the delivery of high-quality care and services to residents. This structure ensures that services are delivered in a safe, effective, and person-centred manner, with a focus on promoting a holistic approach to health for residents. These discussions outline current clinical focus areas and the implementation of core values within the service. Monthly reports to the governing body reflect evidence of communicating quality and risk activities.</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>	<p>FA</p>	<p>Alden Rose Lodge is implementing the organisational quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through collection of clinical indicator data. The nurse manager and clinical lead are responsible for implementing the quality programme. The programme involves all staff, with every staff member expected to be active in implementing a quality approach when at work and participating in the quality programme. The service is implementing the organisation's internal audit programme that includes all aspects of clinical care. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Reports are completed for each incident or accident, with immediate action noted and any follow up actions(s) required, as evidenced in eight accident/incident forms reviewed. Opportunities to minimise future risks are identified by the clinical lead or registered nurses. Family/whānau are informed following incidents.</p> <p>The clinical lead collates all the data and completes a monthly and annual analysis of results. This information is captured within the</p>

	<p>reporting tool sent to the governance body. Results are discussed in staff meetings, with meeting minutes displayed on staff noticeboards. Monthly staff, clinical, health and safety and quality, and weekday management meetings provide an avenue for discussions in relation to quality data; health and safety; infection control; complaints received; staff; and education. Discussions with the clinical lead and a review of documentation evidenced that the provider uses the plan, do, study, act (PDSA) framework to guide staff to implement and evaluate improvements made to service delivery. Outcomes are shared within the appropriate meetings. Meeting minutes sighted evidenced that meetings are occurring as scheduled.</p> <p>Resident and family/whānau meetings are occurring as per schedule, and family/whānau interviewed stated they find the meetings helpful to find out what is happening within the home, and to have an opportunity to give feedback. Meeting minutes included attendees, comprehensive notes on discussions, allocated tasks, timeframes, outcomes and evidence of closure. The previous partial attainment # 2.2.3 has been addressed. The 2025 resident and family/whānau satisfaction survey results were reviewed. The data has been analysed. Results identified an overall improvement of decrease in satisfaction with the environment and atmosphere, with suggestions for improvement. Results were positive, with results showing above 90% per cent satisfaction in most areas, except for food services. Additional feedback at recent resident meetings identified meals have improved in comparison to previous years. The service is continuing to address this area, as documented in quality improvement plans, quality and kitchen meetings.</p> <p>A health and safety system is in place. Hazard identification forms are completed, and an up-to-date register is reviewed at regular intervals. The health and safety representative interviewed confirmed they have completed appropriate training to support their roles and responsibilities. Health and safety is discussed at staff meetings. Staff have completed training related to health and safety. Staff are kept informed on health and safety issues through the handover process and through staff meetings.</p> <p>Discussions with the nurse manager and clinical lead evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. Confirmation was provided that Section 31</p>
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		<p>notifications were completed for the facility manager appointment. Additional Section 31s were completed as required. The service follows the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learning.</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>A policy is in place for determining staffing levels and skill mix for safe service delivery and defines staffing ratios to residents. Rosters implement the staffing rationale. The nurse manager and clinical lead work full time from Monday to Friday. The nurse manager and clinical lead rotate availability to cover 24/7 for any operational or clinical issues. A review of rosters, and discussions with the nurse manager, clinical lead, care staff, residents and family/whānau confirmed that registered nurses are rostered 24/7. Any planned or unplanned leave was noted to be consistently covered. Separate cleaning and laundry staff are rostered.</p> <p>Staff on duty on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents and family/whānau interviewed. Staff interviewed stated that the staffing levels are adequate for the residents' needs and that the management team provide good support. Residents and family/whānau members interviewed reported that they believe that staff numbers were adequate.</p> <p>There is an annual education and training schedule completed for 2025 and prepared for implementation in 2026. The education programme exceeds eight hours annually. The education and training schedule lists compulsory training, which includes the Code; informed consent; challenging behaviour; Pacific values; Māori health (values, beliefs, understanding tikanga and health equity); end of life care; pressure injury; and medication management. There is an attendance register for each training session, an individual staff member record of training and a comprehensive electronic system in place to ensure all staff attend required training and complete annual competencies. The previous partial attainment #2.3.4 has been addressed. Educational courses offered include in-services, on site and online, and competency questionnaires. Guest speakers are arranged to deliver specialist topics</p>

		<p>to staff.</p> <p>All registered nurses have current medication competencies. All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications. All new staff are encouraged to commence their training on commencement of employment. The nurse manager is a Careerforce assessor and assists staff on site. There is four level four, six level three, and four level two trained caregivers. Staff interviews outlined the required competencies these staff are required to maintain. These included medication administration; manual handling; hoists; restraint; hand hygiene; fire warden; and infection prevention. The clinical lead and registered nurses are supported to maintain their professional competency with access to Health New Zealand and hospice training. There are implemented competencies for registered nurses related to specialised procedures and treatments, medication, manual handling, syringe driver, and emergencies. At the time of audit, seven registered nurses have all completed interRAI training, including the clinical lead.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Five staff records reviewed included evidence of completed orientation, training, competencies, and professional qualifications on record where required. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation.</p> <p>The service demonstrates that the orientation programme supports registered nurses and caregivers to provide a culturally safe environment to Māori. Staff interviewed confirmed the orientation programme was adequate to familiarise themselves with their role, the facility, and the organisation. Review of staff records, discussion with the nurse manager, review of the staff appraisal schedule, plus discussion with staff evidenced that all staff who have been employed for a year or more, have a current performance appraisal on record. Appraisals of clinical staff were completed by the nurse manager. The previous partial</p>

		attainment # 2.4.5 has been addressed. All records viewed were completed and were stored securely in a locked cabinet. The previous partial attainment # 2.4.6 has been addressed.
<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 files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and is password protected. The service has fully implemented the electronic resident management system. The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Any signatures that are documented include the name and designation of the service provider. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>Staff were competent in the use of the electronic resident management system and stated all required information was readily available and they were kept well informed by the systems message board. The previous partial attainment # 2.5.2 has been addressed.</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>	FA	<p>Five resident files were reviewed, including three hospital level and two rest home level. Registered nurses are responsible for all assessments, including interRAI assessments and care planning. A physiotherapist is contracted to undertake mobility assessments and develop exercise plans for residents. Resident files have evidence of resident and family/whānau input in assessments and care planning, and those interviewed confirmed they are involved at each stage, from assessment to care planning, to evaluation. Initial assessments, short-term admission plans, interRAI assessments, and long-term care planning are done within the timeframes required by the ARRC contract.</p> <p>Medical assessments are completed by the contracted nurse practitioner within the required timeframes. At the time of the audit most residents had chosen to be attended by the contracted nurse practitioner. Residents then have a monthly or three-monthly review by the nurse practitioner as a routine, or if their needs change, they are seen when needed. The nurse practitioner provides an on-call service after hours,</p>

	<p>on weekends and public holidays. The nurse practitioner stated that staff are competent and communicate any concerns in a clear and timely manner.</p> <p>The activities coordinator (diversional therapist) completes a detailed lifestyle assessment to identify residents' interests and preferences and uses this to develop a plan for meaningful activities. The lifestyle assessment includes a cultural assessment, and residents and family/whānau interviewed confirmed that they have extensive input into this. The service facilitates access to traditional Māori health practitioners as needed. Residents have access to a visiting podiatrist.</p> <p>A review of resident files shows that each assessment is comprehensive and utilises the tools embedded in the interRAI system. Where an interRAI assessment shows a trigger for a specific need, then this is included in the care plan. Care plans are comprehensive and holistic and include the goals and aspirations of residents. They describe the interventions required to achieve these. Early warning signs and symptoms to report to the registered nurse are documented when there is a potential for a risk for a resident, such as a change in mood, infection, or hypoglycaemia. Care plans are recorded on an electronic system, and caregivers confirm they can easily access them.</p> <p>Care plans are reviewed routinely every six months, or more frequently if the needs of resident's change. InterRAI assessments are completed before the care plan review so that outcome measurements are utilised to evaluate progress or identify new needs. Each area of the care plan shows that goals are reviewed and if not met, there is an explanation, and the care plan is updated so that interventions are planned to meet the residents' goals. Family/whānau are invited to attend care plan reviews. When care plans are updated, caregivers are updated on any changes. The family/whānau is informed and the care plan is updated when a resident's progress is different from expected. Short-term care plans are developed for short-term needs, such as wounds and infections. At the time of the audit there were nine wounds being treated, including one stage III non-facility acquired pressure injury, skin tears, a surgical wound, and skin lesions. A wound register is maintained. Review of wound care plans and photographs show wounds are managed according to best practice, with input from a wound nurse specialist if needed. Photographs and wound assessments show the</p>
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		<p>progress of wounds.</p> <p>Progress notes are completed each shift by the caregivers and daily by the registered nurse. If there is a change in the condition of a resident, the registered nurse is informed, undertakes an assessment, and updates the care plan if needed.</p> <p>In assessing and monitoring residents, the following monitoring charts are completed: monthly (or more often if indicated) weight; blood glucose if needed; behaviour; positioning; bowels; oxygen saturation; vital signs; and food and fluids. Neurological observations are completed for unwitnessed falls or head injuries. All incident reports reviewed evidenced timely nursing follow up.</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>Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing and documenting administration. The policy and procedures describe the requirements for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Routine medications are supplied by a contracted pharmacy in robotic packs, with pro re nata (PRN) medications supplied in blister packs.</p> <p>Staff could describe their responsibilities for receiving medications from the pharmacy, including checking against prescriptions. The effectiveness of pro re nata (prn) medications is consistently documented in the electronic medication management system and progress notes. There is one medication room. Medicines were seen to be stored in a locked trolley and locked medication room and a controlled medication safe. The medication refrigerator and medication room temperatures are monitored daily and are within an acceptable range. Liquid medications and medications with a short shelf life are labelled with the date of opening. Unused and expired medications are returned to the pharmacy.</p> <p>A medication round was observed and seen to be safe. Medications are administered by registered nurses and caregivers who are required to pass an annual competency test and have ongoing training in medicine management. Medication errors are reported in the electronic resident file system and appropriate investigation and follow up is done.</p>

		<p>Ten medication charts were reviewed. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Staff were seen to be explaining medications to residents, so they understood what they were taking. Residents and family/whānau confirmed they are consulted about medication changes.</p> <p>There was one resident who self-administers one of their PRN medications. There is a policy for residents who wish to self-administer their medications, and a policy for the safe storage of medications. Review of the resident's file identified a current competency reviewed three-monthly. The medication is stored safely in the resident's room, and the resident advises staff each shift if the medications have been required. There are no standing orders.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Copies of individual dietary preferences were available in the kitchen folder.</p> <p>The food control plan is current.</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</p>	FA	<p>Transition to a different level of care, transfer to another facility, or discharge is a planned process that includes communication with the resident and their family/whānau. Before transfer, the registered nurse does a verbal handover to communicate care needs and potential risks to the ongoing facility. Details of how a resident is transported to external appointments is recorded in the long-term care plan. If possible, family/whānau are asked to attend appointments with residents.</p>

provide and coordinate a supported transition of care or support.		
<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 belonging, independence, interaction, and function.</p>	FA	<p>The building has a current warrant of fitness. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There is a comfortable lounge for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and in the courtyard. Residents are encouraged to personalise their bedrooms with personal, cultural, and spiritual belongings, as viewed on the day of audit.</p> <p>The planned maintenance schedule includes testing of electrical equipment, last completed in July 2025, and calibration and testing of clinical equipment, last completed on 28 October 2025. Hot water temperatures have been tested and recorded in resident rooms. Hot water temperatures were within safe recommended ranges of below 45 degrees Celsius in residents' rooms.</p> <p>During the walk around the facility, it was noted that all doors are secured with keypad access and if unattended, were securely closed during the audit. The previous partial attainment # 4.1.2 has been addressed.</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>Emergency management policies, including the pandemic plan, outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. There are adequate supplies in the event of a civil defence emergency, including sufficient food to sustain residents and staff for several days in the event of a civil defence emergency. The previous partial attainment # 4.2.7 has been addressed.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and a standalone pull string alarm in the lounge area. Indicator lights are displayed above resident doors and panels in hallways to alert</p>

		<p>them of who requires assistance. The lounge has a temporary loud individual alarm which staff are trained to respond to. This is in place pending the replacement and upgrading of the current facility wide call system, which is planned to be implemented over the next two or three months. The previous partial attainment #4.2.5 has been addressed.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There is infection prevention policies and procedures that includes the pandemic plan. The infection prevention programme is linked to the quality improvement programme and is approved by the governing body. The infection prevention policies were developed with input from infection prevention specialists, and these comply with relevant legislation and accepted best practice. The infection prevention programme is reviewed annually.</p> <p>The clinical lead takes overall responsibility for the implementation of the infection prevention and control programme. Along with the expertise from the Alden head office, the clinical lead advises staff on the management of infection prevention issues and the completion of audits. Staff interviews confirmed that infections are managed appropriately, reflecting adherence to established protocols.</p> <p>A review of staff training records evidenced that staff mandatory infection prevention related training was up to date, with a high number of staff attending. Staff have received training in infection prevention at orientation and through ongoing education. The training includes reminders about hand hygiene and advice around ensuring residents remain in their rooms if they are unwell. Staff who were interviewed demonstrated a good understanding of infection prevention measures.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and</p>	<p>FA</p>	<p>The infection surveillance programme is tailored to the facility's size and service complexity, with thorough monitoring and management of infections. Monthly data on various infections, including those affecting the urinary tract, skin, eyes, respiratory system, and wounds is collected based on signs, symptoms, and infection definitions. This information is logged into an electronic infection register and detailed in a monthly infection summary, where infections including specific organisms are</p>

<p>multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>reviewed. Subsequently action plans are formulated and executed, which is also analysed monthly and annually for trend identification. The infection prevention data captures information on ethnicity. The service receives regular notifications from Health New Zealand. There have been no outbreaks since the previous audit. Discussion with the IP lead, RN's and caregivers and review of documentation confirmed outbreaks are managed appropriately and reported.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>Residents personal clothing and facility linen is done on site seven days a week by dedicated laundry staff. The laundry is spacious with good ventilation. There is a clear clean and dirty flow, with both dryers located on the clean demarcation side. There is an internal audit around laundry services and environmental cleaning completed as part of the internal audit schedule. The staff interviewed stated they always have enough clean linen for residents. The previous partial attainment # 5.5.4 has been addressed.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The policy and procedures for restraint minimisation and safe practice specify the organisation is committed to providing a restraint-free environment. This is supported by the governance Board, management, and staff. There is no use of restraint.</p> <p>Restraint related training which includes policies and procedures related to restraint, cultural training and de-escalation strategies, is completed as part of the mandatory training plan and orientation.</p>

## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.