# Chandys Group Limited - Amberley Resthome and Retirement Village

## 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 The DAA Group Limited, 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:

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| **Legal entity:** | Chandys Group Limited |
| **Premises audited:** | Amberley Resthome and Retirement Village |
| **Services audited:** | Rest home care (excluding dementia care) |
| **Dates of audit:** | Start date: 13 January 2026 End date: 14 January 2026 |

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 19

# Executive summary of the audit

## Introduction

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

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

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

**Key to the indicators**

| Indicator | Description | Definition |
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| | 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 |
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| | 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

Amberley Resthome and Retirement Village (Amberley Resthome) provides rest home care for up to 21 residents. The facility has been owned and operated by Chandy's Group Limited since March 2025, with one of the owners taking the role of facility manager.

This certification audit process included review of policies and procedures, review of residents and staff files, observations, and interviews with residents, family members, the owners, the clinical nurse manager, staff, and a general practitioner.

Strengths of the service included the long-serving staff and connections to the local community. As a result of this audit, it was identified that improvements are required to:

- Monitoring, review and evaluation of identified strategic goals.
- Monitoring and reporting of quality assurance activities.
- Monitoring and reporting of progress related to quality outcomes.
- Monitoring, reviewing, updating, and reporting of risk management.
- Education planning and documentation of training records.
- Formalising and documenting the role and responsibilities of the clinical nurse manager.

- Completion of performance appraisals.
- Tracking and analysis of entry and decline data.
- Reporting of infection prevention and restraint activities to governance.

## Ō tātou motika | Our rights

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| 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. |

Amberley Resthome works collaboratively to support and encourage a Māori worldview of health in service delivery. There were no Māori residents at the time of audit. Staff described how Māori had been provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake when admitted.

Pacific peoples were provided with services that recognised their worldviews and were culturally safe.

Residents and their whānau had been informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these were upheld. Personal identity, independence, privacy and dignity were respected and supported. Staff reported they had participated in Te Tiriti o Waitangi training, and this was reflected in day-to-day service delivery. Residents were safe from abuse.

Residents and whānau received information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication was practised and interpreter services were provided as needed. Whānau and legal representatives were involved in decision-making that complied with the law. Advance directives are followed wherever possible.

Complaints had been resolved promptly and effectively in collaboration with all parties involved.

## Hunga mahi me te hanganga | Workforce and structure

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

Chandy Group Limited, as the governing body, assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti, and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined.

The quality and risk management policies documented a focus on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes the collection of quality improvement data. Actual and potential risks are identified and mitigated.

The National Adverse Events Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. Ongoing learning supports safe, equitable service delivery.

Residents' information is accurately recorded, securely stored, and not accessible to unauthorised people.

## Ngā huarahi ki te oranga | Pathways to wellbeing

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

When people were admitted to Amberley Resthome, a person-centred and whānau-centred approach was consistently adopted. Relevant, accurate and appropriate information was provided to prospective residents and their whānau at the point of admission to support informed decision-making and facilitate a smooth transition into the service.

Amberley Rest Home actively worked in partnership with residents and their whānau to assess needs, develop care plans, and evaluate care and support. Care plans were individualised, informed by comprehensive assessments and background information, and demonstrated responsiveness to any new or emerging issues. A review of resident files confirmed that care delivery was aligned with assessed needs and those of whānau, and that care was evaluated on a regular, timely, and systematic basis.

Residents were supported and encouraged to maintain existing interests and to develop new ones, and to participate in meaningful, culturally responsive community and social activities that were appropriate to their age, stage of life, abilities, and preferences.

Medicines were safely managed, stored, and administered in accordance with policy and best practice, by staff who were appropriately trained, and authorised to do so.

The food service at Amberley Rest Home met the nutritional needs of residents, with special dietary, religious, and cultural requirements identified, accommodated, and respected. Food preparation, handling, storage, and distribution were managed safely and in line with relevant food safety requirements.

Residents had been appropriately referred or transferred to other health services when their clinical needs required additional specialist assessment, treatment, or support.

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

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| 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. |

The facility met the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment had been tested as required. External areas were accessible, safe, provided shade and seating, and met the needs of residents with disabilities.

Staff were trained in emergency procedures, the use of emergency equipment and supplies, and attended regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

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

The governing body had ensured the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that were appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator was involved in procurement processes, any facility changes, and processes related to the decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan. The service promoted responsible prescribing of antimicrobials. Infection surveillance was undertaken, with follow-up action taken as required.

The environment supported both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective laundry services.

## Here taratahi | Restraint and seclusion

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

The service was a restraint-free environment. This was supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, was available and would occur for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

## 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) |
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| **Subsection** | 0 | 20 | 0 | 6 | 1 | 0 | 0 |
| **Criteria** | 0 | 158 | 0 | 9 | 1 | 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) |
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| **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 |
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| Subsection 1.1: Pae ora healthy futures<br><br>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.<br>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi. | FA | Amberley Resthome had policies, procedures and processes developed by a contracted specialist to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake was respected. Partnerships have been established with local Māori to support service integration, planning, equity approaches, and support for Māori. A Māori health plan has been developed with input from cultural advisers and is used for residents who identify as Māori.<br><br>There were no residents who identified as Māori at the time of audit. A staff member who did not identify as Māori but had a close family affiliation was the cultural advisor for the facility. The facility manager reported they would support residents and staff if required. This was confirmed by the staff member. Residents and whānau interviewed reported that staff respected their right to Māori self-determination. Staff interviewed showed an understanding of tikanga practices and cultural safety.<br><br>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit, there were no staff employed who identified as Māori. Staff ethnicity data was documented on recruitment and trended. |

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| Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa<br><br>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.<br>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.<br>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes. | FA | Amberley Resthome has worked in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. The Pacific Plan was underpinned by Pacific voices and Fonofale, a Pacific model of care. Partnerships with local groups enable ongoing planning and evaluation of services and outcomes.<br><br>A Pacific resident interviewed felt their worldview, and cultural and spiritual beliefs, were embraced.<br><br>Active recruitment, training, and actions to retain a Pacific workforce were discussed. There are staff who identify as Pacific people who support staff; they were not available for interview at the time of audit. Staff reported at interview that they were guided to deliver safe cultural and spiritual cares to residents through their education and the care plan and that they were supported by Pacific staff employed. |
| Subsection 1.3: My rights during service delivery<br><br>The People: My rights have meaningful effect through the actions and behaviours of others.<br>Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).<br>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | Staff interviewed at Amberley Resthome demonstrated a clear understanding of the requirements and principles of the Code and were observed supporting residents in a manner consistent with their expressed wishes, preferences, and rights. Staff were able to describe how the Code is applied in everyday practice, including respect, informed choice, dignity, effective communication, and the recognition of Māori mana motuhake in care and decision-making. Education on the Code and its principles is provided to all staff during orientation, with opportunities for discussion and clarification to support consistent application in practice. However, education records were incomplete; refer criterion 2.3.4.<br><br>Residents and whānau interviewed confirmed that they had been made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and reported being provided with appropriate opportunities to discuss and clarify their rights. Residents read about the Code within their admission agreement and signed to confirm that they understood their rights. Residents and whānau interviewed stated that they had all received this |

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| | | information as part of the admission process. Ongoing opportunities to discuss the Code and related matters are provided through residents' meetings, where time is allocated for questions, feedback, and discussion. Advocacy brochures were readily available in the reception area, alongside clear information about the Code in both te reo Māori and English, ensuring accessibility, cultural responsiveness, and respect for Māori rights and values. |
| Subsection 1.4: I am treated with respect<br><br>The People: I can be who I am when I am treated with dignity and respect.<br>Te Tiriti: Service providers commit to Māori mana motuhake.<br>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences. | FA | Amberley Resthome supports residents in a manner that is inclusive, culturally safe, and respectful of their identity, lived experiences, and personal preferences. Residents and whānau, including tāngata whaikaha (people with disabilities), confirmed that services were delivered in a way that had regard for their dignity, gender, privacy, confidentiality, sexual orientation, spirituality, values, beliefs, culture, religion, relationship status, and preferred level of interdependence. Residents reported that they were asked about what is important to them and were provided with genuine opportunities to share this information, which was then reflected in their care and support.<br><br>Throughout the audit, staff were consistently observed to uphold residents' privacy and dignity in everyday practice. All residents had a private room, and staff were observed routinely knocking on doors, seeking permission before entry, and communicating respectfully to maintain personal dignity and autonomy.<br><br>Te reo Māori and tikanga Māori are actively promoted and visibly integrated throughout Amberley Resthome. This included bilingual signage, weaving classes, and te reo Māori language and cultural activities that supported participation in te ao Māori. Staff described undertaking training in Te Tiriti o Waitangi during orientation and were able to articulate the principles of partnership, participation, and protection, demonstrating how these were applied in their day-to-day interactions and service delivery. However, education records were incomplete; refer criterion 2.3.4.<br><br>The needs of tāngata whaikaha are appropriately identified and responded to, including enabling and supporting their participation |

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| | | in te ao Māori. Staff were observed speaking to residents in a respectful, supportive, and mana-enhancing manner, and residents and whānau interviewed reported feeling respected, listened to, and valued in their daily lives at Amberley Resthome. |
| Subsection 1.5: I am protected from abuse<br><br>The People: I feel safe and protected from abuse.<br>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.<br>As service providers: We ensure the people using our services are safe and protected from abuse. | FA | Staff interviewed at Amberley Resthome demonstrated a clear understanding of the service's policies and procedures relating to abuse and neglect, including the identification of potential signs, required actions, and reporting pathways. Staff confirmed they had received education on abuse and neglect during orientation and ongoing training, could describe common indicators, and reported feeling confident and supported to raise and report any concerns. Effective safeguards were in place to protect residents from abuse, neglect, discrimination, coercion, harassment, exploitation, and re-victimisation.<br><br>There were no examples of discrimination, coercion, harassment, abuse, or neglect identified during the audit through staff interviews, resident and whānau interviews, or documentation reviewed. All residents and whānau interviewed reported that they felt well cared for, supported, and safe within their environment at Amberley Resthome, and there were no historical complaints relating to abuse, neglect, or unsafe practice identified.<br><br>Residents' personal property was clearly labelled on admission, and residents and whānau confirmed that belongings were treated with respect and safeguarded. Residents' finances are protected, with appropriate safeguarding systems in place.<br><br>Professional boundaries were consistently maintained by staff, who demonstrated an understanding of behaviours and practices that protect resident wellbeing and avoid any actions that could negatively impact residents. Staff interviewed felt safe and supported to raise concerns relating to institutional and systemic racism and were confident that any issues raised would be taken seriously and acted upon by management.<br><br>A strengths-based and holistic model of care was evident throughout the service, with the integration of Te Whare Tapa Whā |

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| | | to support wellbeing outcomes for Māori, recognising the physical, mental, spiritual, and whānau dimensions of health in everyday care and support. |
| Subsection 1.6: Effective communication occurs<br><br>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.<br>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices. | FA | Residents and whānau reported that communication at Amberley Resthome was open, respectful, and effective, and that they felt listened to and valued. All residents interviewed stated that information was provided to them in an easy-to-understand format, that staff communicated clearly, and that they felt genuinely heard when raising questions or concerns. Residents confirmed they have regular opportunities to express their views and provide feedback through resident meetings, and reported that staff were approachable, kind, and responsive to their concerns.<br><br>Changes to residents' health status were communicated to relatives and whānau in a timely manner, and whānau confirmed they were kept appropriately informed. Whānau also have opportunities to attend in-house meetings and receive updates regarding care and service delivery. Where other agencies were involved in care, effective communication was evident, including with general practitioners, and relevant allied health professionals.<br><br>Examples of open and transparent communication were observed following adverse events and during the management of any complaints, demonstrating a commitment to partnership and accountability.<br><br>Staff demonstrated knowledge of how to access interpreter services when required to support effective communication and informed participation. |
| Subsection 1.7: I am informed and able to make choices<br><br>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. | FA | Residents and/or their legal representatives were provided with the information necessary to make informed decisions about care and support, in a manner that was clear, accessible, and culturally appropriate. Residents interviewed reported feeling empowered to actively participate in decision-making about their care, and that their views and preferences were respected. With the consent of |

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| 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.<br>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. | | the resident, whānau were included in decision-making and were enabled to do so through access to quality information, advice, and relevant resources. Where a resident was unable to make informed choices, an enduring power of attorney (EPOA), or welfare guardian was appropriately appointed in accordance with the law, and all relevant legal documentation was available, current, and accessible within the resident's record. Residents were still supported to be involved in decisions wherever possible, even when a legal representative was acting on their behalf.<br><br>Nursing and care staff interviewed demonstrated a clear understanding of the principles and practice of informed consent, supported by organisational policies aligned with the Code and appropriate tikanga guidelines. Consent processes are initiated at admission as part of the admission agreement, with consent forms signed at that time and reviewed and updated as required when circumstances or care needs change.<br><br>Advance care planning, including the establishment and documentation of EPOA requirements and processes for residents unable to consent, was appropriately recorded in residents' files where relevant. Advance directives (written or oral) were documented, current, and followed wherever possible. Shared goals of care discussions were encouraged, undertaken with residents and whānau, and documented in the resident record where applicable. Residents were supported in their right to supported decision-making and to make informed choices in accordance with the Code. |
| Subsection 1.8: I have the right to complain<br><br>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.<br>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.<br>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints | FA | A fair, transparent, and equitable system was in place to receive and resolve complaints. Policy described how the process leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. Staff understood the complaints process and described what actions they would take should a resident or whānau express dissatisfaction.<br><br>Two complaints had been received since the change of ownership. |

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| in a manner that leads to quality improvement. | | Documentation sighted showed that complainants had been informed of findings following investigation. Where possible, improvements had been made as a result of the investigation. Both complaints had been resolved to the satisfaction of the complainant.<br><br>There had been no complaints received from Māori. How the service would ensure the process works equitably for Māori was discussed with the facility manager. This would involve including whānau and hui or face-to-face meetings.<br><br>There have been no complaints received from external sources since the previous audit. |
| Subsection 2.1: Governance<br><br>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.<br>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.<br>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. | PA Low | Chandy's Group Limited is the owner and operator of Amberley Resthome and assumes accountability for delivering a high-quality service to the residents. They had established connections with local Māori with affiliation to Ngāi Tahu, the local iwi. This ensured the governance group had input from Māori. Policies and procedures had been developed by an external contractor specialising in aged care, with input from Māori. The governance group demonstrated expertise in Te Tiriti, health equity, and cultural safety.<br><br>The facility manager is one of the directors/owners. They are supported by a clinical nurse manager with five years' experience at the facility. The leadership structure, including for clinical governance, was appropriate to the size and complexity of the organisation and there was an experienced and suitably qualified person managing the service. When the facility manager is absent, the clinical nurse manager carries out all the required duties under delegated authority with support from the diversional therapist, who also provides administrative support.<br><br>The facility manager confirmed their knowledge of the sector, and regulatory and reporting requirements. They maintain currency within the field and through legal advice, sector communication, attendance at aged care conferences, training, community memberships, Te Whatu Ora – Health New Zealand (Te Whatu |

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| | | Ora) and colleagues.<br><br>The purpose, values, direction, scope and goals were defined in a business plan which was current to 2027. The governance group met at regular intervals. However, meeting minutes and documentation sighted were insufficient to evidence monitoring and reviewing of performance had occurred; refer criterion 2.1.2.<br><br>A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori and tāngata whaikaha was evident in policy. This is occurring through oversight of care planning and reviews, resident and whānau meetings, and health care assistants' (HCAs') knowledge of the residents and their likes and dislikes, including cultural and spiritual needs.<br><br>A commitment to the quality and risk management system was evident and was described in policy. The owner interviewed felt well informed on progress and risks; however, documentation was incomplete. Refer criteria 2.2.2, 2.2.3 and 2.2.4.<br><br>Compliance with legislative, contractual and regulatory requirements was overseen by the facility manager, with external advice sought as required.<br><br>Residents receiving services, and whānau, participate in the planning, implementation, monitoring and evaluation of service delivery through the review of care plans, and attendance at meetings. A sample of resident, and whānau, meeting minutes evidenced positive feedback. Negative comments related to food had been addressed.<br><br>The service holds contracts with Te Whatu Ora to provide age-related residential care (ARRC) at rest home level, for up to 21 residents. The service also holds contracts for respite care and residents with the long-term chronic health conditions. At the time of audit, 19 residents were receiving care, all under the rest home ARRC contract. |
| Subsection 2.2: Quality and risk | PA | The organisation had a planned quality and risk system, developed by an external contractor specialising in aged care, that reflected |

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| 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.<br>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.<br>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. | Moderate | the principles of continuous quality improvement. The quality framework included management of complaints, internal audit activities, an annual resident satisfaction survey, monitoring of outcomes, policies and procedures, and management of clinical incidents including infections and falls. However, not all elements of the quality framework had been fully implemented; refer criterion 2.2.2. The expected outcomes of quality activities, including key performance indicators and quality goals, were documented. However, there was no evidence that progress had been evaluated and no reporting of outcomes to governance was sighted; refer criterion 2.2.3.<br><br>Ethnicity data was collected and used to critically analyse practices through incident management analysis and was sighted in monthly reports. Possible inequities were identified and the service worked to address these. Delivering high-quality care to Māori residents was supported through relevant training, tikanga policies, and access to cultural support roles internally and externally.<br><br>Residents, whānau and staff contributed to quality improvement through meetings, involvement in complaints and incident investigation, and review of care plans. The service had not completed a resident or staff survey since the last audit; refer criterion 2.2.2.<br><br>Relevant corrective actions were identified to address shortfalls identified. However, documentation did not evidence what actions were taken, and corrective actions were closed without documented evidence that improvement had been made; refer criterion 2.2.2.<br><br>Policies had been developed by an external provider specialising in aged care. The policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.<br><br>Policy described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. A hazard and risk register was in place dated 2025. However, there was no evidence of review, update or reporting to governance; refer criterion 2.2.4. |

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| | | Staff document adverse and near-miss events in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.<br><br>The facility manager understood and has complied with essential notification reporting requirements; one report related to a clinical incident reported to the Health Quality & Safety Commission was sighted. There had not been any police investigations, coroner's inquests, or issues-based audits since the last audit. |
| Subsection 2.3: Service management<br><br>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.<br>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.<br>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | PA Low | There was a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusted staffing levels to meet the changing needs of residents. A review of six weekly rosters confirmed adequate staffing and that staff were replaced during unplanned absences. An after-hours on-call system is in place, with the clinical nurse manager and facility manager, who is also a registered nurse, providing support 24/7.<br><br>A multidisciplinary team (MDT) approach ensured all aspects of service delivery were met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty had a current first aid certificate.<br><br>The employment process included interviews, referee checks and police vetting. A job description for each role defined the skills, qualifications and attributes for each role, and ensured services are delivered to meet the needs of residents. Note: there was no job description in place for the clinical nurse manager; refer criterion 2.4.2.<br><br>Policy described education/training requirements and mandatory competency requirements. Related competencies are assessed and support equitable service delivery and the ability to maximise the participation of people using the service and their whānau. |

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| | | However, there was no education plan in place, and not all training was recorded in each staff member's file; refer criterion 2.3.4.<br><br>High-quality Māori health information was accessed and used to support training and development programmes, policy development, and care delivery. Where health equity expertise is not available, external agencies are contacted, for example, Te Whatu Ora gerontology staff, and external community health providers.<br><br>Care staff had access to the Zealand Qualifications Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora.<br><br>Staff reported feeling well supported and safe in the workplace. They felt supported by the clinical nurse manager and stated that the new facility manager was approachable. |
| Subsection 2.4: Health care and support workers<br><br>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.<br>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.<br>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. | PA Low | Human resources management policies and processes were based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies were being consistently implemented. Job descriptions were documented for each role, (except for the clinical nurse manager role; refer criterion 2.4.2), that included outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Professional qualifications and registration (where applicable) had been validated prior to employment. Annual practising certificates for all health professionals employed or visiting the facility were confirmed to be current.<br><br>A sample of eight staff records were reviewed, including the facility manager/owner, the clinical nurse manager, three caregivers, the diversional therapist, and two cooks, and evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, and completed induction and orientation. Staff reported that the induction and orientation programme prepared them well for the role. Policy described opportunities to discuss and review performance at three months |

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| | | following appointment and yearly thereafter. However, this had not always occurred; refer criterion 2.4.5.<br><br>Staff information, including ethnicity data, is accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements.<br><br>Debrief for staff is outlined in policy; staff interviewed confirmed that the opportunity for debrief and support is available to them. |
| Subsection 2.5: Information<br><br>The people: Service providers manage my information sensitively and in accordance with my wishes.<br>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.<br>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential. | FA | Amberley Resthome maintains quality records that comply with relevant legislation, health information standards, and professional guidelines. Most information is held electronically and is password-protected. Any paper-based records are held securely, available only to authorised users.<br><br>Residents' files were electronic and integrated, and contained all required information. Files for residents and staff are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.<br><br>Amberley Resthome is not responsible for National Health Index registration. |
| Subsection 3.1: Entry and declining entry<br><br>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.<br>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.<br>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. | PA Low | Residents entered Amberley Resthome when their required level of care had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed demonstrated that admissions were consistent with contractual requirements. Residents entered the service in accordance with documented entry criteria that were available to the community and clearly understood by staff. The admission and entry process was designed to meet the needs of residents and their whānau. A comprehensive welcome pack was provided to all residents on admission, containing information about all facility entry processes, services, and expectations. Whānau interviewed reported being satisfied with the admission process and the information made available to them at the time of entry. |

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| | | Where a prospective resident was declined entry, clear and documented processes were in place to communicate this decision in a timely and respectful manner. A standardised form had been developed and is sent to all prospective residents who enquire, to gather further relevant information to support assessment of suitability for admission.<br><br>Evidence was not available to confirm that entry and decline data is tracked and analysed; refer criterion 3.1.5.<br><br>Amberley Resthome had developed partnerships with Māori communities and organisations, including access to a Māori cultural advisor, Pacific community links, and identified staff members who provide support with cultural matters as required. These relationships support culturally safe practice and enable the service to appropriately support Māori and their whānau throughout the admission process and while receiving care. |
| Subsection 3.2: My pathway to wellbeing<br><br>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.<br>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.<br>As service providers: We work in partnership with people and whānau to support wellbeing. | FA | The multidisciplinary team (MDT) worked in genuine partnership with residents and their whānau to support wellbeing and optimise quality of life. A care plan, based on the provider's model of care, was developed by suitably qualified staff following a comprehensive assessment. This assessment included consideration of the resident's lived experience, cultural needs, values, beliefs, preferences, and wider service integration where required. A Pacific peoples' care plan was sighted and demonstrated culturally sensitive interventions, goals, aspirations, activities, and evaluation, utilising the Fonofale model of care. At the time of audit, there were no residents who identified as Māori; there was one Pacific resident. Staff demonstrated understanding of Māori cultural aspects of care planning and described use of the Te Whare Tapa Whā model in practice. Early warning signs and risks, with a focus on prevention or timely escalation for appropriate interventions, were recorded within clinical documentation. The detection of early warning signs (DEWS) tool had recently been implemented and was understood by the clinical manager. |

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| | | Assessment was based on a range of appropriate clinical tools and included input from residents and whānau, as applicable. Timeframes for initial assessment, medical review, initial care plan, long-term care plan, and scheduled reviews met contractual and policy requirements. All care plans reviewed were well written, personalised, and contained clear goals, interventions, and evaluations. Staff demonstrated understanding of how to support Māori and whānau to identify their own pae ora outcomes within the care planning process. This was verified through sampling of resident records and interviews with clinical staff, residents, and whānau.<br><br>The residents' general practitioner (GP) was interviewed during the audit and confirmed that referrals made to them were appropriate and clinically relevant. The GP reported no concerns regarding the standard of resident care, stated that all residents appeared to be well looked after, and affirmed that the nursing staff held the relevant skills and competence to meet residents' needs.<br><br>Management of specific medical conditions was clearly documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of appropriate outcome measures. Where progress differed from that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in care planning and evaluation, reporting that they felt very involved in care decisions and were highly complementary of staff.<br><br>Tāngata whaikaha participate in service development through feedback mechanisms and meetings. Examples of choice and control over service delivery were discussed with staff, tāngata whaikaha, and whānau. Tāngata whaikaha and whānau can independently access information relevant to their care and the service. |
| Subsection 3.3: Individualised activities<br><br>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and | FA | The activities programme at Amberley Resthome supported residents to maintain and develop their interests and was appropriate to their age, abilities, and stage of life. The programme was led by a qualified diversional therapist, who demonstrated |

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| activities that promote whanaungatanga.<br>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them. | | strong engagement with residents and effective programme planning. The activities programme was comprehensive and varied, including community-based activities, spiritual activities such as church services for three different religions, outings to cafés and shopping centres, and a range of indoor and outdoor recreation including walking groups and gardening. All residents interviewed reported that there was “a lot going on” and that they enjoyed the programme. The service also facilitated te ao Māori and other cultural activities, including participation in Māori Language Week and weaving, as well as regular baking sessions.<br><br>Activity assessments and individual plans clearly identified residents’ personal interests and considered their identity, preferences, and ordinary patterns of life. One-to-one sessions were available for residents who were less socially inclined or who preferred individual engagement. Both individual and group activities reflected residents’ goals and interests and supported participation in normal community life. Staff discussed opportunities for Māori and whānau to participate in te ao Māori when admitted, and community initiatives are responsive to the needs of Māori.<br><br>Feedback on the activities programme is regularly sought through resident feedback mechanisms and residents’ meetings. Residents were observed to have a positive rapport with the diversional therapist and reported feeling comfortable sharing their views openly. Those interviewed confirmed that the activities programme met their needs and enhanced their daily wellbeing. |
| Subsection 3.4: My medication<br><br>The people: I receive my medication and blood products in a safe and timely manner.<br>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.<br>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | The medication management policy at Amberley Resthome was current and aligned with the Medicines Care Guide for Residential Aged Care and best practice. A safe and organised system for medicines management, utilising an electronic medication management system, was observed on the day of audit. All staff responsible for administering medicines were appropriately trained, assessed as competent, and authorised to perform this function.<br><br>Medication reconciliation processes were evident and consistently |

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| | | applied. All medicines sighted during the audit were within current use-by dates.<br><br>Medicines, including controlled drugs, were stored securely in accordance with regulatory and policy requirements. Required stock checks had been completed as scheduled, and medicines were stored within the recommended temperature range, with monitoring records available.<br><br>Prescribing practices met relevant requirements. Medicine-related allergies or sensitivities were clearly documented in resident records, and any adverse events were responded to appropriately and in a timely manner. Over-the-counter medications and supplements were considered and documented by the prescriber as part of each resident's overall medication regimen. The required three-monthly GP medication review was consistently recorded on the medicine chart. Standing orders are not used at this facility.<br><br>There were no residents self-administering medications at the time of audit; however, processes are in place to facilitate this should it be clinically appropriate and agreed upon with the resident and whānau. Residents, including Māori residents when admitted, and their whānau are supported to understand their medications, with education provided by clinical staff as required. |
| Subsection 3.5: Nutrition to support wellbeing<br><br>The people: Service providers meet my nutritional needs and consider my food preferences.<br>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.<br>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | The food service at Amberley Resthome was aligned with recognised nutritional guidelines for people receiving aged residential care. The menu had been reviewed by a qualified dietitian within the last two years, and documentation confirmed that recommendations from this review were being progressively implemented.<br><br>All aspects of food management complied with current legislation and best-practice guidelines. The service operates under an approved food safety plan and holds current food safety registration, with evidence of ongoing monitoring and compliance.<br><br>Each resident received a comprehensive nutritional assessment on admission. Personal food preferences, special dietary |

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| | | requirements, and modified texture needs were identified and accommodated within the daily meal plan. Reviews were conducted as needed. Māori residents and their whānau when admitted, have access to menu options that reflect te ao Māori, and individual cultural food preferences can be catered for as required.<br><br>Residents and their whānau had opportunities to be involved in the preparation of food where appropriate to the service. This includes growing their own vegetables in the garden and participating in baking activities such as making cakes and cupcakes, supporting engagement, choice, and connection to food.<br><br>Evidence of resident satisfaction with meals was verified through resident and whānau interviews and residents' meeting minutes. Residents interviewed stated that the food was "nice" and that they were generally happy with meals. Whānau members also confirmed satisfaction and noted that there had been positive enhancements to the dining experience over the past year. Residents were observed to be given sufficient time to eat their meals in an unhurried manner, and those requiring assistance received this support respectfully and with dignity. |
| Subsection 3.6: Transition, transfer, and discharge<br><br>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.<br>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.<br>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support. | FA | Transfer or discharge from Amberley Resthome was planned and managed safely, with clear coordination between services and in collaboration with the resident and their whānau. Risks and current support needs were identified, documented, and actively managed throughout the process. Where appropriate, options to access other health and disability services, as well as relevant social and cultural supports, were discussed with residents and whānau to support informed decision-making and continuity of care.<br><br>Whānau interviewed reported that they were kept well informed during the transfer of their relative. Where discharges occurred, these were most commonly transfers to hospital or a move to another facility or the next level of care. Documentation reviewed demonstrated comprehensive assessment and planning for hospital transfers, and a clearly defined process was in place to |

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| | | support effective communication, clinical handover, and safe transitions between services. |
| Subsection 4.1: The facility<br><br>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.<br>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.<br>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. | FA | Appropriate systems were in place to ensure the residents' physical environment and facilities (internal and external) were fit for their purpose, well maintained, and that they meet legislative requirements. A planned maintenance schedule included electrical testing and tagging, resident equipment checks, and checking and calibration of clinical equipment. Monthly hot water tests were completed for resident areas; these were sighted and were all within normal limits.<br><br>The building has a building warrant of fitness that expires on 14 October 2026. There were currently no plans for further building projects requiring consultation, but the directors/owners were aware of the requirement to consult with Māori if this was envisaged.<br><br>The environment was comfortable and accessible. Corridors have handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs and residents were observed to be safely using these. Spaces were culturally inclusive and suited the needs of the resident groups. Lounge and dining facilities met the needs of residents, and these were also used for activities. There were adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and common areas had appropriately situated call bells. There were external areas within the facility for leisure activities with appropriate seating and shade.<br><br>Residents' rooms were spacious and allowed room for the use of mobility aids and moving and handling equipment if required. Rooms were personalised according to the resident's preference. All rooms had a window allowing for natural light with safety catches for security. Electric heating is provided in the facility, which can be adjusted depending on seasonality and outside temperature. |

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| | | Residents and whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents. |
| Subsection 4.2: Security of people and workforce<br><br>The people: I trust that if there is an emergency, my service provider will ensure I am safe.<br>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.<br>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event. | FA | Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. Staff had been trained and knew what to do in an emergency. All nursing and care staff have current first aid certification. There is a first aid certified staff member on duty 24/7 and the diversional therapist who takes residents on outings outside the facility has first aid certification. Information on emergency and security arrangements was available in each resident room and explained to residents and their whānau on entry to the service. All staff were noted to be wearing uniforms and name badges during the audit.<br><br>The fire evacuation plan was approved by the New Zealand Fire Service on 19 January 2017 and the requirements of this are reflected in the Fire and Emergency Management Scheme. A fire evacuation drill is held six-monthly; the most recent drill was on the day of audit. Adequate supplies for use in the event of a civil defence emergency met the National Emergency Management Agency recommendations for the region. Alternative essential energy and utility resources were available, should the main supplies fail.<br><br>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. Appropriate security arrangements were in place. |
| Subsection 5.1: Governance<br><br>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.<br>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. | PA Low | The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the directors/owners, link to the quality improvement system, and were reviewed and reported on yearly. Expertise and advice are sought following a defined |

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| 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. | | process.<br><br>Policy documented the process for reporting IP and AMS issues to governance. However, no documentation was available to show that this had occurred; refer criterion 5.1.3. |
| Subsection 5.2: The infection prevention programme and implementation<br><br>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.<br>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.<br>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services. | FA | The Infection Prevention and Control Coordinator (IPCC) was responsible for overseeing and implementing the infection prevention and control (IPC) programme, with clear reporting lines to the facility manager/owner. The IPCC held appropriate skills, knowledge, and experience for the role and confirmed access to the necessary resources and support to carry out their responsibilities effectively. The IPCC is the clinical manager within the facility and had extensive relevant clinical and IPC experience. Their advice, and where applicable the advice of the IPC committee, had been sought in relation to procurement decisions relevant to care delivery and development or review of policies. The IPCC maintained professional links with community IPC specialists and pathology services and liaises regularly with the laboratory and GPs as required. No design of new building or facility changes were planned; however, the IPCC confirmed their input would be sought when required.<br><br>Infection prevention and control policies were aligned with the requirements of the relevant standards and were based on current accepted best practice. Cultural advice had been accessed where appropriate to ensure culturally safe IPC practices.<br><br>Staff demonstrated familiarity with IPC policies through orientation and ongoing education and were observed to follow these appropriately in practice. Note, not all education records were complete, refer to criterion 2.3.4. The IPCC had provided regular education to care staff on hand hygiene, antimicrobial stewardship, and infection control practices and was recognised as proactive and knowledgeable in this area. Residents and their whānau were provided with education about infection prevention in a manner that met their needs, and educational resources were available in te reo |

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| | | Māori.<br><br>A documented pandemic and infectious diseases response plan was in place and had been regularly tested. A previous outbreak was managed effectively, with appropriate documentation sighted during the audit. Sufficient supplies of personal protective equipment (PPE) are available, and staff had received training in its correct use.<br><br>Staff were familiar with policies for the decontamination of reusable medical devices, and there was evidence that these are appropriately cleaned, disinfected, and reprocessed in line with risk assessment. The only reusable items in use are urinals and scissors, which are sterilised appropriately following documented risk assessment and procedure. |
| Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation<br><br>The people: I trust that my service provider is committed to responsible antimicrobial use.<br>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.<br>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services. | FA | Responsible use of antimicrobials was actively promoted at Amberley Resthome. The antimicrobial stewardship (AMS) programme was appropriate for the size and complexity of the service and was supported by current policies and procedures. The effectiveness of the AMS programme was evaluated through regular monitoring of antimicrobial use, with identification of trends and opportunities for improvement.<br><br>The Infection Prevention and Control Coordinator (IPCC) and the resident GP were interviewed during the audit and both confirmed that they work collaboratively to minimise unnecessary antibiotic use in the elderly. They described a shared approach whereby antibiotics were generally prescribed only when a culture had been sent to the laboratory and/or the resident was clearly symptomatic, in line with best-practice AMS principles. |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)<br><br>The people: My health and progress are monitored as part of the surveillance programme.<br>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.<br>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional | FA | Infection prevention and control surveillance activities at Amberley Resthome were undertaken in a manner that was appropriate to the size and complexity of the service, the type of services provided, and the acuity, risk factors, and needs of residents. Surveillance also considered health and safety risks to, and of, the workforce, as well as systemic risk to the wider health and |

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| surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus. | | disability service. The service, through its Infection Prevention and Control Coordinator (IPCC), determines the type and frequency of surveillance required, considering the setting of the facility and relevant national and regional surveillance programmes and guidelines. Surveillance methods, tools, documentation, analysis, and assignment of responsibilities were described within the IPC framework and aligned with standardised surveillance definitions. Surveillance processes include the routine capture of resident ethnicity data.<br><br>The clinical nurse manager prepared monthly incident and infection surveillance reports, which included analysis of trends and ethnicity data, demonstrating that surveillance was being undertaken on a regular basis and could identify risk patterns and equity considerations for Māori.<br><br>However, while these monthly surveillance reports were sighted, there was no evidence that results of surveillance, or associated recommendations for improvement, were consistently presented, discussed, or formally reviewed by the facility manager or governance group. Surveillance findings were not clearly documented in quality meeting minutes or systematically reported through the service's quality and risk management framework ; refer criterion 2.2.2 and 2.2.3.<br><br>There were processes in place to communicate with residents and whānau when a health care-associated infection (HAI) occurred. |
| Subsection 5.5: Environment<br><br>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.<br>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.<br>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and | FA | A clean, hygienic, and well-maintained environment at Amberley Resthome supported the prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. The facility presented was clean, tidy, and homely throughout the audit, and created a comfortable and welcoming living environment for residents.<br><br>Staff consistently followed documented policies and processes for the management of waste and infectious and hazardous substances. Material Safety Data Sheets (MSDS) were current and readily accessible to staff. The laundry facility, while small, is |

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| transmission of antimicrobialresistant organisms. | | functional, with clearly defined clean and dirty zones. Staff demonstrated an understanding of correct laundry techniques, including the safe handling, segregation, and processing of soiled and infectious linen, as well as cultural requirements relating to laundry practices.<br><br>Hazardous substances were securely stored and locked away in accordance with safety requirements. Laundry and cleaning processes were regularly monitored for effectiveness, with recent audits completed on cleaning, laundry, and kitchen practices. The IPCC had oversight of the environmental testing and monitoring programme. Staff involved in cleaning and laundry duties had completed relevant training and were observed to carry out their roles safely and appropriately. Chemicals were stored safely and in line with policy.<br><br>Residents and whānau reported that the laundry was managed well and that the facility was kept clean, tidy, and pleasant to live in. They expressed satisfaction with their physical environment and described the home as comfortable and well cared for. These observations were confirmed by the audit team during site inspection. |
| Subsection 6.1: A process of restraint<br><br>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.<br>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.<br>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | PA Low | Maintaining a restraint-free environment is the aim of the service. The directors/owners demonstrated a commitment to this, supported by the clinical nurse manager. At the time of audit, no residents were using a restraint. The facility manager and clinical nurse manager both reported that a restraint would be used as a last resort when all alternatives have been explored.<br><br>The clinical nurse manager is the restraint coordinator, providing support and oversight for any restraint management should it be used. Orientation and ongoing education included alternative cultural-specific interventions, least restrictive practice, de-escalation techniques, restraint-free training, and management of challenging behaviours. Staff confirmed they have received training.<br><br>It was not possible to confirm that reporting of restraint data to |

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| | | governance met the requirements of the standard; refer criterion 6.1.4.<br><br>Policies and procedures met the requirements of the standards.<br><br>Given there has been no restraint reported to governance for over three years, subsections 6.2 and 6.3 have not been audited. |

# 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) |
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| Criterion 2.1.2<br>Governance bodies shall ensure service providers' structure, purpose, values, scope, direction, performance, and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals. | PA Low | A business plan dated 2025–2027 was in place and met the requirements of the standard. The plan described the values, scope and direction of the service. Strategic goals were in place. The two directors of Chandy's Group Limited had met regularly to discuss progress. However, there was no evidence of reports to the governing body and meeting minutes (two) sighted from the governance meetings did not evidence that progress towards meeting strategic goals was monitored and reviewed at defined intervals. | No evidence was available to show that monitoring, review and evaluation of progress had occurred. | Ensure that monitoring, review and evaluation of strategic goals occurs at governance level and that this is documented.<br><br>180 days |

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| Criterion 2.2.2<br><br>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care. | PA Moderate | There was a documented quality management framework that described the principles of continuous quality improvement. The framework included the reporting and analysis of incidents and adverse events, infection surveillance, internal audits, resident satisfaction measures, and complaint management. Policy described the processes for corrective action planning to address shortfalls identified and the use of a Plan Do Study Act (PDSA) framework for corrective action and quality improvement planning. Quality activities, including the reporting of incidents, were discussed at staff meetings. However, not all elements of the quality system had been fully implemented:<br><br>· Evidence was not available to show all meetings scheduled had occurred.<br><br>· Meeting minutes identified issues discussed and actions agreed. However, they did not identify the person responsible for follow-up or time frames required. Subsequent meeting minutes did not evidence agreed actions had been completed.<br><br>· Meeting minutes were not confirmed to be a true and accurate record of the meeting by | Not all elements of the quality framework, as described in policy and detailed above, had been fully implemented. | Ensure the quality framework described in policy is fully implemented, and that all quality activities described in policy are completed, including staff and resident surveys.<br><br>Ensure that corrective action planning and quality improvement planning are documented to address shortfalls identified, and that plans include details of actions taken and evaluation of improvements.<br><br>Ensure all meetings described in policy occur. Ensure minutes are sufficiently detailed to evidence what has occurred, who is assigned responsibility for agreed actions, timelines for completion of actions, and that actions are followed up at the next meeting. Ensure that meeting minutes are confirmed to be accurate by those who attended the meeting.<br><br>90 days |

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| | | those who attended.<br>· Corrective action and quality improvement plans were not always documented, and documentation sighted did not evidence what actions had been taken, that a process of evaluation had occurred, or that follow-up to confirm improvement had been made.<br>· Staff and resident surveys had not been completed as detailed in policy. | | |
| Criterion 2.2.3<br>Service providers shall evaluate progress against quality outcomes. | PA Low | The quality assurance plan detailed key performance indicators and expected outcomes from quality activities. There was no evidence that progress against these indicators had been evaluated.<br>Staff reported the numbers of incidents and infections were discussed at staff meetings, no evidence of this occurring was sighted, and this could not be confirmed. The clinical nurse manager prepared monthly incident/infection surveillance reports. However, no evidence that these were presented at meetings or reviewed by the facility manager or governance was sighted. | No evidence was available to show that progress towards meeting quality outcomes and key performance indicators had been evaluated. | Ensure that progress against quality outcomes is evaluated, documented and reported.<br>180 days |
| Criterion 2.2.4 | PA Low | There was a hazard and risk | The risk register did not include | Ensure the risk register includes |

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| Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them. | | register in place dated July 2025. The register detailed risks and mitigation strategies and classified risks as high, medium or low. The facility manager, who is also the owner/director, stated they felt well informed of risks. However, the risk register did not include risks related to potential inequities and not all risks had been reviewed and updated. Documentation, including the risk register and meeting minutes did not evidence that risks including those identified as high risk, had been reported to and reviewed by governance. | all elements required and evidence was not available to confirm that the risk register had been reviewed, updated and reported to governance. | all elements required, that it is reviewed and updated at regular intervals, and that risks identified as high risk are reported to and reviewed by governance.<br><br>180 days |
| Criterion 2.3.4<br><br>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services. | PA Low | There was policy in place describing the training and competency requirements for staff. Staff described receiving education, including on the Code, cultural safety, restraint elimination, and infection prevention. However, this was not always recorded in the staff member's file.<br><br>• In four of eight files reviewed, there was no evidence of training on Te Tiriti o Waitangi.<br><br>• In four of eight files, training records related to infection prevention were incomplete or not current.<br><br>• In eight of eight files, there | There was no education plan in place detailing how and when education would be delivered.<br><br>Not all staff education was recorded in the staff member's file. | Ensure there is an education plan developed describing how and when education will be provided.<br><br>Ensure that all staff education and training is recorded in the staff member's file.<br><br>180 days |

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| | | no evidence of training on the Code of Rights.<br>• In three of eight files, there was no evidence of fire and emergency training. | | |
| Criterion 2.4.2<br>Service providers shall ensure the skills and knowledge required of each position are identified and the outcomes, accountability, responsibilities, authority, and functions to be achieved in each position are documented. | PA Low | The position of clinical manager was being performed by a registered nurse employed at the facility for five years. They were experienced in aged care and appropriately qualified for the role. This was confirmed in the file review and interview. Staff interviewed were very happy with the leadership and support provided by the clinical nurse manager. However, their employment contract had not been updated to reflect the change in role and increase in responsibilities and no position description for the role was found. | The clinical nurse manager role was being performed by a nurse employed as a registered nurse in 2020. Staff files and documents could not evidence that the change of position and increase in responsibilities had been formalised and no job description for the clinical nurse manager role describing the outcomes, accountability, responsibilities, authority and function of the role could be found. | Ensure the clinical nurse manager has an employment contract and position description that reflects the outcomes, accountability, responsibilities, authority, and function of the role.<br><br>60 days |
| Criterion 2.4.5<br>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals. | PA Low | Policy described opportunities to discuss and review performance at three months following appointment and yearly thereafter. However, this had not always occurred. The facility manager stated that reviews at three months following appointment had not occurred for staff employed since the change of ownership, and in eight files reviewed, three staff | Not all staff had a performance review at three months after appointment and annually thereafter, as described in policy. | Ensure that all staff have an opportunity to discuss and review performance at defined intervals and as described in policy.<br><br>180 days |

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| | | were overdue for performance review by up to three years, and there was no evidence that a performance review for the clinical nurse manager had occurred since appointment in 2020. | | |
| Criterion 3.1.5<br>Service providers demonstrate routine analysis to show entry and decline rates. This must include specific data for entry and decline rates for Māori. | PA Low | There have been no recent resident declines at Amberley Resthome. The manager described an understanding of when a resident would be declined at the point of entry, which would generally occur if a prospective resident was assessed as unsuitable for the service or required a different level of care. An enquiry form had been developed to support the admission process, which included generic questions; however, this form does not capture ethnicity, does not enable analysis of equity for Māori, and does not support routine monitoring of entry or decline rates. There was no evidence that entry or decline rates, including specific data for Māori, had been routinely collected, analysed, or reported through the quality and risk management system. Staff interviewed did not demonstrate a clear understanding of expectations for tracking or analysing entry and decline data. | The service could not demonstrate routine analysis of entry and decline rates, including specific data for Māori. Systems to capture, monitor, and report this information through the quality improvement framework are not currently established. | Develop and implement a system to routinely capture, analyse, and report entry and decline rates, including specific data for Māori, and integrate this into the quality and risk management framework.<br><br>180 days |

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| Criterion 5.1.3<br><br>There shall be a documented pathway for IP and AMS issues to be reported to the governance body at defined intervals, which includes escalation of significant incidents. | PA Low | Governance at Amberley Resthome consists of the two directors/owners. Policy documented the process for reporting IP and AMS issues to governance. Interview with both owners confirmed their knowledge of IP and AMS. However, no evidence was available to confirm reporting had occurred. | The service was unable to evidence that reporting of IP and AMS issues to governance had occurred. | Ensure that IP and AMS issues are reported to governance, and that this is documented in meeting minutes.<br><br>180 days |
| Criterion 6.1.4<br><br>Executive leaders shall report restraint used at defined intervals and aggregated restraint data, including the type and frequency of restraint, to governance bodies. Data analysis shall support the implementation of an agreed strategy to ensure the health and safety of people and health care and support workers. | PA Low | Policy described the requirements for reporting restraint data to governance. However, evidence was not available to confirm data had been reported to the directors/owners to ensure the facility maintains a restraint-free environment. | There was no evidence of reporting of restraint data to governance. | Ensure restraint data required is reported to the directors/owners six-monthly as required by the standard.<br><br>180 days |

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

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

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

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

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End of the report.