

# The Grange Care Limited - The Grange

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** The Grange Care Limited

**Premises audited:** The Grange

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 2 February 2026      End date: 2 February 2026

**Proposed changes to current services (if any):** This partial provisional audit was to verify phase 2 of an eight-year construction plan. There are additional 13 beds in place that will offer an Occupation Right Agreement (ORA) to residents in care 'cottages' in The Grange care centre. The care centre beds will increase to 33. The owners wish to utilise the beds from 27 February 2026 dependant on the outcome of this audit. This audit has verified the care `cottages as fit for purpose`.

The 13 additional bigger care suites (called care cottages) were suitable for dual purpose use and suitable for couples. The provider stated their intention to only have two couples at a time in the care cottages.

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

# 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.

## General overview of the audit

The Grange is situated in Mosgiel. The facility is purpose-built and is certified to provide care for rest home and hospital (geriatric and medical), levels of care for up to 20 residents. On the day of the audit, there were 19 residents.

This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand to verify the new 13 bed care cottages as suitable for purpose and the provider's preparedness to accommodate and manage the increase in bed numbers from 20 to 33. The audit process included a review of a transition plan, rosters, facility amenities, equipment, and interviews with managers.

This partial provisional audit verified that the beds are suitable for dual purpose (hospital or rest home level of care) and for couples. Noting the provider stated their intention of only having two couples at any time in the care cottages.

Eight of eight previous audit findings related to the management of adverse events; timely completion of care documents; care plan interventions; monitoring of care; medication management; restraint approval group meetings, the building warrant of fitness and restraint education and competencies have been addressed.

The partial provisional audit identified the requirement to complete a fire drill before occupancy.

## **Ō tātou motika | Our rights**

Not audited.

## **Hunga mahi me te hanganga | Workforce and structure**

The organisational business and quality plans inform the site-specific operational objectives. There is a transitional (business) plan in place that is being operationalised.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. There are sufficient staff (registered nurses and care support) employed who will work in the care centre and all have completed orientation.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

The registered nurses and enrolled nurses are responsible for interRAI completion and care planning development. The care planning process reflects the contractual requirements, appropriate interventions to manage the care of the residents and monitoring of care.

Medication policies reflect legislative requirements and guidelines. Registered nurses, enrolled nurses, and medication competent healthcare assistants are required to administer medications. Secure storage for medications is in place. An electronic medication system is used.

All meals are prepared on site in a well-established operational kitchen. There are seasonal menus in place which have been reviewed by a dietitian, and a qualified chef provides oversight of food services. There is a spacious dining area to support rest home and hospital level residents. Alternatives are available for residents. A current food control plan is documented and registered.

Medication policies reflect legislative requirements and guidelines. Registered nurses, enrolled nurses, and medication competent healthcare assistants are required to administer medications. Secure storage for medications is in place. An electronic medication system is used.

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

The additional 13 bed 'care cottages' are verified as suitable for dual purpose and for couples. The care cottages are ready for occupation under an Occupation Right Agreement depending on the outcome of this audit. There are communal spaces with access to the outdoors. All rooms have en-suites.

There is sufficient space to allow the movement of residents around the facility using mobility aids. Communal living areas and resident rooms are appropriately heated and ventilated. The outdoor areas are safe and easily accessible.

Documented systems are in place for essential, emergency and security services. Employed staff have completed training around emergency management, have completed an orientation to the building, and have a first aid certificate.

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

The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme appropriate to the service's size and complexity. The clinical care manager is designated as the infection prevention and control coordinator, and they monitor the programme and report monthly and as issues occur.

A pandemic plan is in place. If activated, sufficient infection prevention resources, including personal protective equipment, are available and readily accessible to support this plan.

Surveillance of healthcare-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. Infection outbreaks are managed and reported appropriately.

The environment supports the prevention and transmission of infections. There are policies and procedures in place for waste, hazardous substances, cleaning, and laundry services. The internal audit schedule is in place to evaluate the effectiveness of these services. Chemicals are stored securely and safely. Fixtures, fittings, and flooring are appropriate for cleaning.

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

There is a comprehensive restraint policy. The directors are committed to maintain restraint free. The staff completed training around restraint elimination and competency assessments. Competencies are completed annually. The clinical care manager is appointed as the restraint coordinator. An approval group has reviewed and eliminated restraints. Managing behaviours that challenge is included as part of the annual training programme and also included in the induction programme .

## 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	12	0	1	0	0	0
Criteria	0	45	0	1	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 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>	FA	<p>The Grange Retirement Home &amp; Hospital Limited operates as The Grange and is certified to provide rest home, and hospital (medical and geriatric) levels care for up to 20 residents. On the day of audit there was a total of 19 residents: ten rest home, including one resident on Accident Compensation Corporation funding [ACC] and nine hospital level residents. All other residents were on the age-related residential care (ARRC) contract. All rooms have occupational right agreements in place, and all are certified as dual purpose. Rooms in RD1 (wing is called RD1-rural development 1) are single occupancy only.</p> <p>The provider notified HealthCERT of their intention to increase their bed occupancy with 13 dual purpose beds to now include the newly built wing (RD2) with 'care cottages'. A partial provisional audit was completed to verify the suitability of the rooms for dual purpose use, suitable for couples and preparedness of the provider to accommodate the increase in services.</p> <p>The 13 additional bigger rooms (called care cottages) are verified as suitable for dual purpose use (rest home or hospital level of care). The provider stated their intention is to only have up to two couples at any given time in the care cottages. The overall bed numbers will increase from 20 to 33. The provider stated that their intention is to open the service in</p>

	<p>the new wing on 27 February 2026.</p> <p>The governance and management structure at The Grange is well established with a clear reporting structure. The service is managed by an experienced clinical care manager (registered nurse) that has been in the current role since January 2025. Prior to this role, they were employed in management roles in healthcare. The clinical care manager is supported by an executive assistant and the organisation's chief executive officer (CEO), who also oversees a sister facility.</p> <p>The Grange is one of two aged care facilities owned by two directors and shareholders. The directors have more than 20 years experienced in the management of aged care facilities. The chief executive officer divided their time between the two facilities. The CEO is knowledgeable around contractual and legislative requirements related to managing an aged care facility. One of the owners/directors identifies as Māori and provides Māori representation informing organisational operational processes. At interview, the chief executive confirms there are plans to collaborate with mana whenua through community agencies in business planning and service development to improve outcomes and achieve equity for Māori; to identify and address barriers for Māori for equitable service delivery.</p> <p>There is a documented clinical governance policy. Clinical governance is implemented into the care services through a system and strength-based philosophy incorporating safety, competence, evaluation, and continuous improvement.</p> <p>The clinical care manager reports regularly to the CEO. The CEO attends the quality improvement meetings at each facility related to day-to-day operational activities and reporting on the quality and risk management programme, including meetings; training; health and safety; infection prevention and control; staffing; internal audits; complaints (if any); cultural safety; and survey results. The CEO reports to the Board (that meets monthly). The clinical care manager has undertaken further professional development activities related to managing an aged care facility.</p> <p>There is a transition plan in place as part of the business plan 2024-2027 with annual business goals, a mission statement and care philosophy that reflects a person and family/whānau centred approach to care. There are no changes to governance or management as a result of the increase in dual-purpose beds.</p>
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<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>The quality and risk management system is well established with a suite of clinical and non-clinical policies that form the foundation for service delivery. Policies are well embedded in-service delivery; reviewed two yearly by an external aged care consultant. The suite of policies includes adverse event reporting and escalation of significant events including health and safety issues, workplace injuries, events that put residents at risk (section 31 reporting) and severity assessment code one and two escalation and notification to the Health Quality and Safety Commission. The clinical care manager and CEO have both an understanding of the reporting process.</p> <p>There is a health and safety system in place. Hazard identification forms are completed electronically, and an up-to-date hazard and risk register was reviewed (sighted) and include any hazards related to the new built. Staff are kept informed on health and safety issues in handovers and meetings.</p> <p>All residents' adverse events are documented on the electronic management system. Adverse events are investigated, signed off in a timely manner and family/whanau is notified of all events as per the open disclosure policy requirements. A sample of fifteen adverse event forms were reviewed (between October 2025 to mid-January 2026) and include medication errors, skin tears, witness, and unwitnessed falls. Adverse event forms reviewed evidence a full investigation, and potential risks identified to minimise future risks. As a result of changes in health status, care plans were updated. The adverse event forms completed evidence timely registered nurse follow up, with comprehensive investigation notes. Family /whānau were informed following the events; with a time and date of notification documented in the adverse event document. The previous audit finding (criterion # 2.2.5) related to the completion of adverse event forms and the management of the related risk has been addressed.</p> <p>The clinical care manager collates and analyses all events monthly. Where trends are identified, potential risks are mitigated through implemented corrective action plans. Adverse events include (but not limited to) skin tears, bruising, falls, unwitnessed falls, witnessed falls, medication errors, pressure injuries, and challenging behaviour. Benchmarking occurs and data is available for staff to view on the electronic dashboard. Incidents</p>

		<p>and the subsequent corrective actions are discussed at the monthly combined quality meeting and the staff meeting. Quality, health and safety goals and progress towards attainment are discussed at the various meetings.</p> <p>There are no changes to the quality and risk programme as a result of the increase in dual-purpose beds.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a transitional roster that provides sufficient and appropriate coverage for the effective delivery of care and support. Additional staff are rostered to reflect the potential increase in occupancy. The CEO stated there will be two immediate admissions that are on a waiting list. The numbers of staff reflected in the roster is sufficient to meet the needs of the residents. There is an additional HCA rostered for the morning, afternoon, and night shift. They will call upon the three caregivers already working in another wing to assist. An enrolled nurse or second RN will be placed in the 13-bed wing during the day to provide clinical support.</p> <p>The clinical care manager is available full time from Monday to Friday and provides after hours on-call cover. In the absence of the clinical care manager, clinical oversight is provided by a registered nurse, with support from the facility manager (a RN) from the sister facility.</p> <p>Staff and residents will continue to be informed when there are changes to staffing levels and documented in meeting minutes. Floater shift can be added to the roster as acuity of residents' change. Short notice absences will be covered by casual staff or agency staff. There is an RN on all shifts.</p> <p>There are separate kitchen staff, maintenance, and housekeeping staff to perform non-clinical tasks. Some non-clinical tasks including laundering of personal clothing and washing of dishes, are included in daily tasks performed by HCAs.</p> <p>There is an annual education and training schedule; this has been implemented to date and covers all mandatory training, as well as a range of topics (including but not limited to) related to caring for the older person; privacy and confidentiality; palliative care; skin and pressure injury management; abuse and neglect; nutrition; and hydration. All new and existing staff have attended the required safe restraint use and</p>

		<p>behaviour/de-escalation training provided in October 2025. The previous finding related to criterion # 6.1.6 has been addressed. Staff are provided with face to face and impromptu toolbox training. All staff have completed competency assessments as part of their orientation and these included hand hygiene, correct use of personal protective equipment (PPE), restraint, and manual handling and transfer.</p> <p>Staff who administer medication complete an annual medicine competency, and a record of completion is maintained. Clinical topics include medical conditions specific to the cohort of residents at The Grange.</p> <p>Healthcare assistants are encouraged to attain Careerforce New Zealand Qualifications Authority training (NZQA) levels in Health and Wellbeing; 13 of 16 HCAs have attained a level 3 NZQA qualification or higher.</p> <p>All RNs and two enrolled nurses (ENs) are encouraged to attend any external training sessions on offer. A record of completion is maintained on an electronic register. Additional RN specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. There are ten RNs in total, including the clinical care manager, with five that are interRAI trained. Two enrolled nurses have completed their interRAI training.</p> <p>The workforce management, roster, education plan is verified as suitable.</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>The CEO stated all staff have been recruited for the safe management of the residents into the new wing. Four staff files (one RN, three HCAs) of staff recruited since October 2025 were reviewed, all files included evidence of completed orientation, training and competencies, and professional qualifications where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. All newly employed staff had the completed documentation on</p>

		<p>file.</p> <p>There are no changes to the human resource processes or to the orientation programme as a result of the reconfiguration of services.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The service is using an electronic management system. Registered nurses and the enrolled nurses are responsible for the care planning process. The clinical care manager has a care planning schedule in place to ensure compliance with care planning timeframes. Four resident files were reviewed that were admitted since the last audit: three hospital and one rest home levels of care. An interRAI assessments and six-monthly interRAI reassessments were completed within the required timeframe and were completed prior to the care plan review. The previous finding related to criterion # 3.2.1 has been addressed.</p> <p>Care plan interventions were documented with sufficient interventions to guide the staff in the care needs of the residents. The previous finding (criterion # 3.2.3) related to interventions has been addressed. Short-term care plans are developed for acute problems, such as infections, wounds, and weight loss.</p> <p>Care plans were updated following visits from allied health professional or after adverse events investigation that include instructions from health professionals, or to manage risks identified. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status, GP and medication reviews, and adverse events that occurred. The time and date of disclosure/communications to family/whānau are documented on the adverse event forms.</p> <p>Monthly observations, such as weight and blood pressure, were completed and are up to date. Neurological observations are recorded following unwitnessed falls. A range of monitoring charts are available for the care staff to utilise. These include (but not limited to) monthly blood pressure; weight monitoring; bowel records; repositioning chart; blood glucose levels; intentional rounding, food intake charts, fluid balance monitoring, behaviour distress monitoring, and all have been completed as required. There were no residents requiring restraint monitoring. The previous finding (criterion # 3.2.4) related to monitoring of care has been addressed.</p>

<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are a suite of medication policies documented for the service that meets good practice and legislation. There is an established electronic medication administration system in place. The service will continue to use robotic rolls across the new wing. There is an established pharmacy contract in place. Registered nurses, and medication competent staff have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.</p> <p>The clinical care manager explained that all medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy.</p> <p>There is a treatment/medication room in RD2 near the nurse station with appropriate handwashing facilities, bench space for medication preparation, a fridge, appropriate shelving, locked cupboards, and secure storage. There is a stainless steel trolley for wound care and a medication trolley when required. Each resident's room has individual appropriate lockable storage for their own medication. The medication fridge and medication room temperatures are monitored daily, and recorded temperatures were within accepted ranges. The RD1 medication room temperatures were also consistently documented. The finding in the previous audit related to temperature monitoring (criterion # 3.4.1) has been addressed.</p> <p>There is a documented process where all stored medications are checked monthly for expiration dates and opening dates including medications stored in the resident locked drawers. A process of regular physical checks and reconciliation of controlled drugs are completed weekly and six-monthly. The schedule of three-monthly chart reviews by the GP will be extended to include the new wing.</p> <p>Eight electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has photo identification and allergy status identified. Indications for use were noted for PRN medications; and the effectiveness of PRN medications were consistently documented in the electronic medication management system and progress notes. The</p>

		<p>previous finding related to the documentation of PRN effectiveness of medication has been addressed (criterion # 3.4.1).</p> <p>There are no changes to the medication system as a result of the reconfiguration of services.</p>
<p><b>Subsection 3.5: Nutrition to support wellbeing</b></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>The kitchen is situated within the service corridor and fully operational. The kitchen is managed by a food service manager and the systems and processes are well established. The food services manager interviewed explained the current menu (reviewed by a dietician in July 2025), incorporation in the menu of cultural preferences, allergies, food consistency, and residents likes and dislikes. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. The cook reported they accommodate residents' requests.</p> <p>There is a verified food control plan which is current.</p> <p>There is a centralised dining room area that is shared with RD1. There is a serving kitchenette that is operational with all the equipment needed for serving and heating of food. Food is transported from the kitchen in a hotbox to the serving area and served and plated by kitchen staff. A food delivery service to the care cottages occurs via a hotbox.</p> <p>There is sufficient space in the dining room area with appropriate seating to provide a pleasurable dining experience. There are lip plates and appropriate utensils available to promote/maintain independence with eating.</p> <p>There are no changes to food services as a result of the reconfiguration of services.</p>
<p><b>Subsection 4.1: The facility</b></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>	FA	<p>The Grange is a single level purpose-built care facility within an established village. The newly built 'care cottages' are located within the care centre (of existing 20 bed care suites) and community recreation centre with a café. The care cottages (50 square metres) are bigger in size than the care suites (25 square metres).</p> <p>The current construction is fully completed (a new wing to the existing</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>	<p>building), and the building handover to the owners occurred on 16 November 2025 to coincide with the issuing of the building warrant of fitness for the building that includes the newly built wing. The previous finding (criterion # 4.1.1) related to the building warrant of fitness has been addressed. The implementation of the maintenance schedule has been addressed. The hot water temperatures, air temperatures are included in the current maintenance schedule and were within the required parameters.</p> <p>For the new wing, the construction team will provide onsite interventions for any maintenance for the first 12 months. All equipment is new. Hot water temperature monitoring has commenced in the new wing, and the reviewed records were within the recommended ranges.</p> <p>There is a secure nurse's office and treatment room. All care cottages are fully completed with furnishings in place. All areas in the care centre are ready for occupancy with equipment and chattels in place. The care centre is at ground level with the following in place: a reception area, family/whanau room, café, staff offices and staffroom, service corridor, hair salon, a large central lounge/dining area with a kitchenette. The care cottages have a separate bedroom, ensuite shower/toilet with a separate lounge and kitchenette.</p> <p>Residents can bring personal items to furnish their care cottage. Care cottages are spacious to provide care for two residents with enough space to move around the two-king single electric beds. All cottages are fitted with ceiling hoists. There are 'barn' doors between the bedroom and the lounge that provide for an open plan feeling between the spaces.</p> <p>All lounge areas have ranch sliders in the care cottages that provide access to an outdoor deck area. All access is safe and levelled to the outdoors. There is appropriate seating and shade on the individual decking areas. All landscaping has been completed.</p> <p>All rooms have a full ensuite and shower. Flooring is non-slip and appropriate for ease of cleaning. There is a built-in shower bench and appropriate handrails within the shower area and toilet. Each room has at least one external window, providing natural light, and there is adequate ventilation and heating throughout the care cottages. There are individual heating controls in the care cottages. Motion sensor lights provide for safe mobility.</p>
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		<p>There is a large, centralised lounge/dining area with a kitchenette where residents can choose to have their meals. The kitchenette is fitted with an oven, induction top for heating and a boiling water tap. There are safety devices on the oven, induction top and boiling water tap. The lounge/dining area have access to a landscaped outdoors.</p> <p>The 13 care cottages are accessible from the main entrance and built around a long corridor. Hallways are wide and promote safe mobility with the use of mobility aids. There are resting bays to promote safety when residents mobilise down the hallways to the main recreation and dining areas. There are disability access toilets near the central dining/lounge area and one halfway down the hallway of the care cottages.</p> <p>Fixtures, fittings, and flooring in all areas are appropriate and able to be cleaned effectively.</p> <p>There has been consultation and co-design of the environments to reflect the aspirations and identity of Māori. One of the owners/directors identifies as Māori and has had input into the design of the building. The building received a cultural blessing.</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>	<p>PA Low</p>	<p>Emergency management policies, including the pandemic plan, outlines 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. A business continuity plan is documented.</p> <p>A fire evacuation scheme has been lodged and approved by Fire and Emergency New Zealand 10/2/26.</p> <p>Each new employee has been orientated to the building; however, staff still need to attend a fire evacuation drill (booked for 23 February 2026). There are emergency management plans in place to ensure health, civil defence and other emergencies are included. A sprinkler system is in place with mimic panels in the nurse stations. In the event of a power outage there is back-up power available. There is access to a large generator and gas cooking is available. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of three days. Emergency</p>

		<p>management is included in staff orientation and external contractor orientation and is also ongoing as part of the education plan. All registered nurses, enrolled nurses, activity staff, and a selection of HCAs are required to hold a first aid certificate. There is a first aid trained staff member rostered on duty 24/7.</p> <p>The building is secure after hours. Visitors have access to the building via a phone /intercom system and can be identified prior to entering the building. Staff complete security checks at night and there are security cameras installed in communal spaces and hallways. There is a documented security policy that provide guidance to staff to ensure the building is secure after hours.</p> <p>There are operational call bells in the ensuites, two in the bedroom and lounge areas of the care cottages and other communal areas in the care centre. There are annunciators in the hallways and staff can monitor call bells on handsets in their pockets.</p> <p>Visitors and contractors sign in when entering the building. Staff are identifiable with name badges and uniforms.</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.</p> <p>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.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There is an infection, prevention, and antimicrobial programme and procedure that has been developed by an external aged care consultant and their infection control specialists, including the pandemic plan. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control committee, and training and education of staff. The clinical care manager is the infection control coordinator and has completed the required training specific to their roles and responsibilities.</p> <p>Policies and procedures are reviewed annually by the consultant who collaborates with the infection control coordinator. The infection control programme links to the overarching strategic direction. The quality programme and the infection control programme are reviewed, evaluated, and reported on annually.</p> <p>The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand washing</p>

		<p>competencies; and donning and doffing personal protective equipment (PPE).</p> <p>The clinical care manager had consultation and involvement during the design of the new building.</p> <p>There are sufficient number of PPE, readymade outbreak kits available to support the outbreak plan and daily standard precautions. Flowing soap and hand gel is accessible and available.</p> <p>The infection prevention and control programme is sufficient to manage the increase in services and will remain unchanged.</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.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The documented infection surveillance programme is appropriate for the size and complexity of the service. Surveillance tools and standardised definitions are available and were available to collect infection data. Infection data is collected and benchmarked. Healthcare associated infections being monitored include infections of the urinary tract, skin, eyes, respiratory, and wounds. The infection control coordinator is responsible for collating and analysing infection data on a monthly basis and reporting the results and corrective actions at various meetings. Information regarding infections is discussed at handovers and with the RNs as confirmed during interviews.</p> <p>The programme of surveillance of infections is appropriate to accommodate the increase in services and will be unchanged.</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</p>	FA	<p>There is an existing operational centralised laundry for linen and personal clothing in the service corridor. There is a clear clean and dirty flow in the laundry with separate folding area. Linen is transported in covered trolleys to the linen cupboards. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p> <p>There is a sluice/laundry area down the corridor of the new care cottages. A smaller type commercial washing machine, and dryer is available to manage delicate personal items. There is a separate sluice area with a sanitizer, handwashing facilities, and bench space. The flooring is</p>

<p>transmission of antimicrobialresistant organisms.</p>		<p>appropriate for ease of cleaning. There is a separate cleaning cupboard. The clinical care manager stated there are chemical handling procedures, and no mixing of chemicals occurs. There is appropriate PPE available in the sluice/laundry and cleaning room. Staff training includes knowledge on donning and doffing of PPE.</p> <p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Housekeeping staff have lockable trolleys, and these are safely stored when not in use.</p> <p>The housekeepers work seven days a week and are responsible for cleaning and laundry. Cleaning guidelines are provided. Cleaning schedules are maintained for daily and periodic cleaning. The housekeepers have attended training appropriate to their roles. The chief executive has oversight of the facility testing and monitoring programme for the built environment.</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 business plan and quality plan evidence commitment of the governance body to eliminate restraint. The service reported the use of current restraints at staff meetings, quality reports, or owners/director meetings. Restraint data is reported to the owners/ directors. The previous restraint use has been eliminated, and the facility is restraint free since October 2025. Should restraint be used there is a clear process documented related to the requirement of restraint monitoring. The shortfall related to restraint monitoring [criterion # 3.2.4] has been addressed. An approval group has reviewed and eliminated restraints.</p> <p>The previous finding related to the approval group meetings (criterion # 6.1.5) has been addressed.</p> <p>Restraint use competencies have all been completed as part of orientation or following the restraint education. Behaviour management and de-escalation training in October 2026 have been completed and evidence high attendance numbers. The previous finding related to criterion # 6.1,6 has been addressed.</p>

		There are no changes to the process of restraint as a result of the reconfiguration of services.
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	Staff have completed the required fire and emergency training as part of their orientation programme and annual education on 27 January 2026. A fire evacuation drill has been booked for all staff to complete on 23 February 2026.	Staff have not yet completed a fire evacuation drill.	<p>Ensure all staff completed the required fire evacuation drill prior to occupancy.</p> <p>Prior to occupancy</p>

## 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.