

Elms Court Gardens Limited - Elms Court Gardens

Introduction

This report records the results of a 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: Elms Court Gardens Limited

Premises audited: Elms Court Gardens

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

Dates of audit: Start date: 29 January 2026 End date: 30 January 2026

Proposed changes to current services (if any): This provisional audit is prior to the potential sale of Mayfair Lifecare. The prospective provider wishes to complete the transaction (change of ownership) by 1 April 2026 depending on the outcome of this audit. The prospective provider also intends to change the name from Mayfair Lifecare to Elms Court Gardens if the sale of the service is successful.

Total beds occupied across all premises included in the audit on the first day of the audit: 65

Executive summary of the audit

Introduction

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

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

General overview of the audit

Mayfair Lifecare is part of the Arvida Group and is certified to provide hospital (medical and geriatric) and rest home care for up to 86 residents. At the time of the audit there were 65 residents.

This provisional audit was undertaken to establish the prospective provider preparedness to provide health and disability services and the level of conformity of the existing provider's service prior to a potential sale. This provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the contracts with Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations and interviews with residents, family/whānau, management, staff, general practitioner and the prospective provider.

An experienced village manager is supported by a clinical manager, two clinical coordinators, wellness leader (activities coordinator) and an experienced care team. There are various groups in the Arvida support office who provide oversight and support. Feedback from residents, family/whānau and general practitioner was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This provisional audit identified a shortfall related to care plan evaluation timeframes.

Ō tātou motika | Our rights

Mayfair Lifecare provides an environment that supports resident rights and safe care. There is a Māori health plan in place for the organisation. Te Tiriti O Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake, and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs. Staff demonstrate their knowledge and understanding of resident's rights and ensure that residents are well informed in respect of these.

Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service in accordance with the Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

The business plan includes a mission statement and operational objectives. The service has quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and staff. They are focused on improving service delivery and care. Performance is monitored and reviewed at planned intervals via the quality and risk programme and through meetings. Residents and family/whānau are given the opportunity to provide regular feedback. An integrated approach includes collection and analysis of quality improvement data, identifying trends and leads to improvements.

Adverse events are documented, with corrective actions implemented. Recruitment procedures include an interview, police checks, referee checks, and induction. Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed,

inducted, and managed using current good practice. A systematic approach to identifying and delivering ongoing learning and development, 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

Registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and resident files included medical notes by the general practitioner and visiting allied health professionals. There are two contracted GPs who visit weekly and are available on call after hours. Residents can choose to have their own GP if they prefer. Care plans are comprehensive and developed in collaboration with residents and their family/whānau. Medication management policies are in accordance with legislation and best practice guidelines.

Staff complete annual medication competency tests. Residents and their family/whānau are consulted when there are changes to medications. Activities are planned and delivered by a wellness leader and wellness partners. A broad range of group and individual activities are provided. Cultural diversity is celebrated. All meals and baking are prepared and cooked on site by a trained chef and cook. Dietary preferences, allergies, intolerances, and specific needs are catered for. There is a process in place for the safe transfer and discharge of residents.

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

The building holds a current building warrant of fitness certificate. Electrical and medical equipment has been checked and assessed as required. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. Rooms are spacious to meet the needs of the residents. There are sufficient bathrooms to meet the needs of the residents. Rooms are personalised with appropriate heating and ventilation. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents and some wear personal pendant alarms. Residents and family/whānau report timely response to call bells.

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

Infection prevention management systems are in place to minimise the risk of infection to residents, staff, and visitors.

Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

Pandemic response plans are in place, and the service has access to personal protective equipment supplies. There has been one outbreak since the last audit, and this was well documented. There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

There is governance commitment to minimise restraint use in the facility. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit the service was restraint free. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

Summary of attainment

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

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim of this plan is equitable health outcomes for Māori residents and their family/whānau with overall improved health and wellbeing. At the time of the audit there were residents who identified as Māori. Mayfair Lifecare is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau. Evidence is documented in the resident care plan for any Māori residents admitted into the service. The service recognises Māori mana motuhake and this is reflected in the Māori health plan, and business plan.</p> <p>Arvida Group has a Māori Advisory Group which confers on and provides support for any cultural issues arising from Villages. The advisory group also consults with the Clinical Governance Group on matters where policy or practice change may be required. The Arvida Group have staff throughout the organisation that identify as Māori and there is a clear focus on ensuring that they support increasing Māori capacity within the workforce. Arvida Group is dedicated to partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. Mayfair Lifecare partners with Māori wardens through Ngai Tahu to</p>

		<p>provide cultural activities and teach te reo Māori. There were no staff members who identified as Māori.</p> <p>Eleven staff including, five wellness partners, three registered nurses including a clinical coordinator, one kitchen manager, one wellness leader and one maintenance supervisor, and management including the village manager, clinical manager, and head of clinical quality confirmed that all cultures were treated equally and welcomed to the workplace. Wellness partners and the wellness leader were able to describe how support for the residents is based on the resident's individual values, preferences, and beliefs.</p> <p>The prospective provider knows and understands the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and has a good understanding of Te Tiriti o Waitangi, that includes recognising barriers for Māori and supporting Māori. The prospective provider has completed cultural training.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The Pacific Way Framework (PWC) is the chosen model for the Pacific health plan. There are four stages identified for the implementation of the Pacific health plan and include setting the foundations, develop commitment, deliver the action plan, and providing leadership. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing family/whānau, and providing high quality healthcare.</p> <p>On entry to the service all residents state their ethnicity. There were no residents who identified as Pasifika at the time of the audit. On interview, the village manager advised that family/whānau of Pacific residents would be encouraged to be present during the admission process, including completion of the assessments and the support plan. Individual cultural beliefs are documented for all residents in their support plan. Resident's family/whānau are encouraged to be involved in all aspects of care, particularly in nursing decisions, satisfaction of the service and recognition of cultural needs.</p> <p>The clinical manager reported that cultural needs assessments guide staff in the delivery of safe equitable services to meet resident</p>

		<p>cultural needs. At the time of the audit there were staff who identified as Pasifika who are involved in imparting their knowledge and lived experience in relation to worldviews, cultural, and spiritual beliefs of Pacific peoples. The service partners with a Pacific consultant to provide guidance and support for Pacific peoples</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations in English, sign language, and te reo Māori, and is available in other languages as required. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The village manager and clinical manager discuss aspects of the Code with residents and their family/whānau on entry to service. Interviews with six residents including, five rest home and one hospital level of care and two family/whānau including, one rest home and one hospital reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service and confirmed they were provided with opportunities to discuss and clarify their rights.</p> <p>They also reported that staff put residents and family/whānau at the centre of their services. Staff receive education in relation to the Code at orientation and through the education and training programme, which includes (but is not limited to) understanding the role of advocacy services. All staff interviewed understood the requirements of the Code. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</p> <p>The prospective provider explained at interview their familiarity with the Code, their extensive aged care experience (over 15 years), and confirmed how the organisation has knowledge of and promotes Māori mana motuhake.</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Staff interviewed described how they support residents to maintain independence and choose what they want to do. Residents interviewed stated they had choice, independence was promoted, and examples were provided. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. The service's annual training plan demonstrates training that is responsive to the diverse needs of residents across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2025 confirmed that residents and family/whānau are treated with respect. This was also confirmed during interviews with residents and family/whānau.</p> <p>Staff were observed to use person-centred and respectful language with residents, respecting resident's personal areas, and knocking before entering their rooms. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on entry into service with family/whānau involvement and is integrated into the residents' support plans. The Arvida Attitude of Living Well encourages a resident-led culture of care that ensures each resident's values and beliefs underpin all decision-making. This holistic approach, using five pillars of wellness, requires staff to understand each resident's individual preferences, habits, and routines.</p> <p>The organisation is actively encouraging the use of te reo Māori; promoting manaakitanga which can be translated to mean service, hospitality, generosity, respect, kindness and support towards others; leading with aroha; considering aspects of signage that reflect the use of te reo Māori and sharing knowledge around the values underpinning tikanga principles. Te Tiriti o Waitangi, te reo Māori and tikanga Māori training is covered in the staff education and training plan. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living and non-living things. Staff respond to tāngata whaikaha needs and enable their participation in te ao Māori, evidenced through the</p>
---	-----------	--

		Māori health plan and interviews with staff and residents.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Mayfair Lifecare policies aim to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. All staff interviewed understood the service’s policy on abuse, neglect, and discrimination, including what to do should there be any signs. The staff handbook provided at orientation describes guidelines to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. House rules are discussed with staff during their induction to the service that address harassment, racism, and bullying. Staff sign to acknowledge their understanding of these house rules. The Arvida values actively encourage an attitude to care, which include fairness, acting with integrity and authenticity, innovation, a can-do attitude, and passionate. These values align closely with Te Tiriti o Waitangi principles, equity, and help to challenge discrimination. Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect.</p> <p>All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful. Residents reported their property and finances are respected. Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions and maintained in day-to-day practice. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. Residents reported that they are free from any type of discrimination, harassment, physical or sexual abuse, or neglect and felt safe. The village manager stated that any reports of alleged episodes of abuse, neglect, or discrimination would be immediately reported through the incident management system, investigated and responded to in a timely manner. Mayfair Lifecare promotes a holistic Te Whare Tapa Whā model of health, which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents including Māori.</p>

<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information about the facility and services offered is provided to residents and family/whānau on admission. The information pack reviewed that is provided to residents and family/whānau on admission includes information on the Code, advocacy services, the services provided, and complaints processes. Resident and family/whānau meetings identify feedback from residents and family/whānau, and consequent follow up by the service. Residents confirmed communication with staff is open, effective and that they felt listened to. Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident. This is also documented in the resident's progress notes. The accident/incident forms reviewed identified family/whānau are kept informed. Family/whānau interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit there were residents who could not speak and understand English. The service has access to interpreter services if required and family members are also able to translate when visiting. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident, should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services, and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as hospice, and specialist services. The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with about services involved. The management team described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Family/whānau are invited to attend.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There is an informed consent policy documented for Mayfair Lifecare that aligns with the Code. Nine electronic resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management, and medical cares were included and signed appropriately, either by the resident or the activated enduring power of attorney (EPOA) as part of the admission process. Residents interviewed could describe what informed consent was and their rights around choice. The admission agreement is appropriately signed by the resident or the EPOA. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making, where the person receiving services wants them to be involved.</p> <p>Discussions with family/whānau confirmed that they are involved in the decision-making process and in the planning of resident's care. Enduring power of attorney documentation is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision. The organisational advance directive policy has been implemented. There are advance care plans clearly documented to assist in planning the resident's ceiling of care and wishes. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. Complaint forms are located throughout the facility, or on request from staff. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The HDC code of rights and complaints process is visible, and available in te reo Māori, English, and other languages (as required). The village manager maintains a record of all complaints, both verbal and written using a complaint register. This register is stored</p>

		<p>electronically. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the HDC. Four complaints have been made since the last audit in October 2024, two made in 2025 and two received in 2026 year to date.</p> <p>The complaints reviewed evidenced acknowledgement of the lodged complaint, and an investigation and communication with the complainants. Corrective actions related to the complaints were implemented as indicated, with documentation evident in facility meeting minutes. Staff are informed of complaints (and any subsequent corrective actions) in the quality improvement and staff meetings (minutes sighted). Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process, and remarked that any concerns or issues they had, were addressed promptly. Although there were no Māori residents at the time of the audit, information about the support resources for Māori is available to staff to assist Māori in the complaints process. The management team acknowledged the understanding that for Māori, there is a preference for face-to-face communication, and working in partnership with family/whānau through the process.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Mayfair Lifecare is part of the Arvida Group. The service provides hospital (medical and geriatric) and rest home care for up to 86 residents. There are 63 beds in the care centre and 23 serviced apartments certified to provide rest home level of care. There are 28 rest home beds (including eight dual purpose - rest home and hospital beds) and 35 Hospital level beds. At the time of the audit, there were 65 residents in total: 33 residents at rest home level care, including one rest home resident on a young people with disabilities (YPD) contract, one rest home resident on an accident compensation corporation (ACC) contract and five rest home residents in the serviced apartments and 36 residents at hospital level care, including two hospital residents on YPD contracts. There were no residents on respite care. All other residents were on the aged related residential care (ARRC) agreement.</p>

	<p>Arvida Group Limited's Board of Directors are experienced and provide strategic guidance and effective oversight of the executive team. Their core focus is creating sustainable value, providing strategic guidance for the group and effective oversight at governance level for the organisation. Arvida Group Limited's Board of Directors are committed to ensuring best-practice governance structures and high ethical standards are maintained within Arvida Group Limited. The Arvida executive team oversees the implementation of the business strategy and the day-to-day management of the Arvida Group Business. The Arvida executive team comprises of eight experienced executives. There are various groups in the support office who provide oversight and support to village managers including: wellness and care team, operations (including regional managers), village services information technology, people team (including health and safety manager) and finance and accounts. The Board receives progress updates on various topics, including benchmarking, escalated complaints, human resource matters, occupancy and infectious outbreaks.</p> <p>There is a strategic plan that includes the scope, strategy, mission, values, philosophy around person-centred, and resident-led care and support. There is a Mayfair Lifecare 2025 business plan in place which describes specific and measurable goals that are regularly reviewed and updated. The 2025 business goals have been evaluated with degree towards achievement documented. The executive team and village managers have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity, and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. There is a clinical governance group that guides vision, practice, and development. There is a separate Māori advisory group, whose membership comprises people with Māori ancestry, which assist the clinical governance group to improve the outcomes that achieve equity for Māori by ensuring that any decisions related to Māori embrace the principle of Tino Rangatiratanga.</p> <p>The Māori advisory group is responsible for establishing initiatives to ensure that operational practices are appropriate and to improve access and outcomes that achieve equity for Māori. Arvida group</p>
--	--

	<p>have contracted a Māori consultant to support policy review, Te Reo, Te Tiriti o Waitangi and tikanga Māori training. Arvida group has a well-established organisational structure. The overarching current strategic plan has clear business goals to support their philosophy 'to create a great place to work where our people can thrive.' The strategic plan reflects a leadership commitment to collaborate with Māori and tāngata whaikaha, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The overall strategic goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural diversity of the communities that they serve. There is a clinical governance group that reflects the Arvida values and approach, including the inclusion of a resident in the group, 'touchpoints' across different areas of expertise and clear links to the clinical indicator steering group and Māori advisory group.</p> <p>The service is managed by a village manager (non-clinical), who has been in the role for four years and at Arvida for four years. The village manager is supported by an experienced clinical manager, who has also been in the role for four years and at Arvida for eight years. They are supported by two clinical coordinators, a wellness leader (activities coordinator) and an experienced care team. All members of the management team are suitably qualified and maintain professional qualifications in management and clinical skills, experience, and knowledge in the health sector. The management team were knowledgeable about legislative and contractual requirements</p> <p>The village manager and clinical manager have maintained more than eight hours of professional development activities related to their roles over the past year.</p> <p>The prospective provider is an experienced aged care provider with current ownership of four other facilities within Christchurch. There is an already an established organisational structure in place across all services. The prospective provider has a lengthy history of providing care to a variety of aged care residents including those assessed as requiring hospital, rest home, palliative, respite, ACC level of care. The prospective provider also currently provides care for young people with disabilities (YPD). A documented transition plan with</p>
--	--

		<p>timeframes to implement the prospective providers' policies and procedures, quality systems, and electronic client management system will guide the process and maintain safety for all involved. The transition plan outlines a pre-determined lead in time for the takeover. The prospective provider has notified the relevant funder of the proposed purchase. The planned takeover date is 1 April 2026. The prospective provider also intends to change the name from Mayfair Lifecare to Elms Court Gardens if the sale of the service is successful.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Mayfair Lifecare has an implemented quality and risk management framework that uses a risk-based approach to improve service delivery and care for the residents. The clinical quality policy describes the service's commitment to quality and includes information about quality procedures and responsibilities. The quality and risk management framework includes complaints reporting and management; accident and incident reporting, internal audits, hazard review, staff training and resident experience surveys/feedback. Data is collated monthly and compared to the previous month. Risks are identified and opportunities to minimise risks are implemented. Monthly quality improvement and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data, health and safety, infection control/pandemic strategies, complaints received (if any), cultural compliance, restraint, staffing, resident and staff movements and education. Meetings were completed as scheduled, and meeting minutes reviewed evidence follow up of action and sign off when completed.</p> <p>Collation of data was taking place, with corrective actions documented where indicated to address service improvements. The 2025 resident and family/whānau satisfaction survey showed an overall satisfaction (93%) with service delivery. There were corrective actions completed in response to individual comments received. The service has communicated the outcome of the survey to residents and family/whānau. Survey results analysis and generated corrective actions have been communicated to staff. Mayfair Lifecare implements a continuous quality improvement approach with service delivery, including critical review of clinical</p>

	<p>data, feedback, and identifying opportunities for improvement. Cultural safety is embedded in the quality and risk management framework and orientation of new employees to ensure wellness partners can deliver high-quality health care for Māori. Ethnicity data is collected and analysed as part of the quality and risk management framework.</p> <p>The Arvida Group has a suite of policies and procedures, which guide staff in the provision of care and services. Policies are regularly reviewed and demonstrate alignment with Ngā Paerewa NZS 8134:2021 and contractual requirements. New policies or changes to a policy are communicated to staff. A health and safety system is in place. There is a health and safety committee that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard register was reviewed (sighted). The noticeboards in the nurses' office and staffroom keep staff informed on health and safety issues. Electronic reports are completed for each incident/accident, a severity risk rating is given, and immediate action is documented with any follow-up action(s) required documented. A sample of twelve incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Areas of potential risk and improvements are identified and acted upon with an action plan.</p> <p>Discussions with the village manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been three Section 31 reports completed, and five Severity Assessment Code (SAC) notifications completed to Health Quality and Safety Commission (HQSC) since the last audit. All SAC reports are emailed to head office by the clinical manager, where an organisational reporting process to HQSC is coordinated (completed reports sighted). There has been one outbreak since last audit, which was appropriately reported.</p> <p>The prospective provider has established and implemented quality and risk management programmes that they plan to implement at Mayfair Lifecare. It is anticipated this will have minimal impact, as the prospective provider has an experienced general manager</p>
--	---

		<p>available to support implementation of the quality programme, benchmarking, and analysis. The prospective provider's policies and procedures have been updated to align with Ngā Paerewa NZS 8134:2021 and will be transitioned across.</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. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is 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. The service has a weekly roster in place which provides sufficient staff cover for the provision of care and service to residents. Rosters from the past two weeks showed a good cover of all the shifts, with replacements evident for short notice absences. The registered nurses on each shift are aware that extra staff can be called on for increased resident requirements. Wellness partners and registered nurses reported there were adequate staff to complete the work allocated to them. The service contacts own staff and those on the casual pool to cover short notice absences.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirm their care requirements are attended to in a timely manner. The village manager and clinical manager both work from Monday to Friday and are available on call after-hours for any operational, and clinical concerns, respectively. They are closely supported by the Arvida support team including the head of clinical quality. The service continues to recruit for more casual staff. There are designated food services, cleaning, maintenance, and laundry staff, with rosters reviewed evidencing seven-day cover. Staff on duty on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed.</p> <p>There is an annual education and training schedule completed for 2025 and is being implemented for 2026 year to date. The education and training schedule lists compulsory training, which includes culturally safe support practices in New Zealand awareness training. Cultural awareness training is part of orientation and provided annually to all staff. External training opportunities for care staff include training through Health New Zealand, and hospice. The</p>

	<p>service supports and encourages wellness partners to obtain a New Zealand Qualification Authority (NZQA) qualification. Mayfair Lifecare supports all employees to transition through the NZQA Careerforce Certificate for Health and Wellbeing. Of the 50 wellness partners at Mayfair Lifecare Retirement Village, 35 have achieved a level three or above NZQA qualification.</p> <p>All staff are required to complete competency assessments as part of their orientation and annually. Registered nurses' complete specific competencies that include restraint, medication management (including controlled drug management, insulin administration, and syringe driver training), and interRAI assessment competencies. All registered nurses have syringe driver competency. Six of ten registered nurses (including the clinical manager) are interRAI trained. The clinical manager, clinical coordinators and registered nurses are supported to maintain their professional development. All registered nurses are encouraged to attend in-service training and complete education on critical thinking and problem solving, infection prevention and control, and identifying and assessing the unwell resident training.</p> <p>All wellness partners are required to complete annual competencies including (but not limited to) restraint, moving and handling, and cultural competencies. All new staff are required to complete competency assessments as part of their orientation. A selection of wellness partners have completed medication administration competencies. A record of completion is maintained on an electronic human resources system. Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) were posted and visible in staff locations. Staff and management collaborate to ensure a positive workplace culture. Staff interviewed report a positive work environment.</p> <p>The prospective provider interviewed confirmed that they have a policy regarding staff skill mix which meets contractual obligations and rostering around the acuity of residents. The prospective provider interviewed stated that there would be changes to the roster should the purchase of the facility be actualised. The roster will always be regularly monitored and adjusted after reviewing acuity.</p>
--	---

		The prospective provider also confirmed that there would be a change in the current management team.
<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>	FA	<p>There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Ten staff files reviewed including, one clinical coordinator, one registered nurse, one wellness leader, five wellness partners, one housekeeper and one maintenance supervisor evidenced implementation of the recruitment process, employment contracts, police checking, and completed orientation. 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 including (but not limited to) registered nurses, nurse practitioner, dietitian, podiatrist, and pharmacists. There is an appraisal policy in place and an appraisal schedule maintained by the clinical manager and village manager.</p> <p>All staff who have been employed for over 12 months have a current appraisal on file. 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. The service demonstrates that the orientation programme supports registered nurses and wellness partners to provide a culturally safe environment for Māori. Newly employed wellness partners described their orientation as comprehensive. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff. Currently Arvida supports an employee assistance programme across all its sites, which is available to all staff.</p>
<p>Subsection 2.5: Information</p>	FA	All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. The

<p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>clinical notes were current, integrated, and legible and met documentation standards. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Resident's paper-based documents are uploaded to the system and securely stored. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p> <p>The prospective provider confirmed in the transition plan (on interview) that the current patient management system will be changed to Hercules Health electronic platform should this sale go ahead.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents' entry into the service is facilitated in an equitable, timely and respectful manner. Admission information packs are provided for families/whānau and residents prior to admission or on entry to the service. Nine admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The village manager is available to answer any questions regarding the admission process. A clinical manager and registered nurses interviewed advised that the service openly communicates with potential residents and family/whānau during the admission process.</p> <p>Arvida support office monitor entry and decline rates. This data</p>

		<p>includes ethnicity. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of admission from individual residents. The analysis is completed by Arvida Group support office and results shared with facilities. The service has relationships with local Māori communities and access to health practitioners, and organisations to support Māori individuals and whānau.</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>PA Moderate</p>	<p>Nine resident files were reviewed (five rest home and four hospital). One resident in the serviced apartments, one hospital YPD resident and one rest home ACC resident were included in the review.</p> <p>Registered nurses are responsible for all assessments including interRAI assessments and care planning. The physiotherapist has input into mobility and falls prevention, and the wellness leader has input into the activities plan. Resident files have evidence of resident and family/whānau input in assessments and care planning, and those interviewed confirmed they are involved at each stage, from assessment to care planning, and to evaluation. Registered nurses complete initial assessments, interim care plans, interRAI assessments and long-term care planning, however not all residents had care plans completed within the 21-day timeframe required by the age-related residential care contract. InterRAI assessments are not required to be completed for the YPD or ACC funded resident; however, a full suite of assessments is available in the electronic resident management system.</p> <p>Medical assessments are completed by either the contracted general practitioner (GP) service or the resident's own GP within five days following admission and three-monthly reviews were completed by the GP routinely, or more often, if the resident's needs change. Residents can maintain their own GP. GP interviewed confirmed staff work collaboratively and inform them in a timely manner when there are changes. The registered nurse and wellness leader complete a form titled "about me" to identify residents' interests, preferences, previous occupation, and significant people and events,</p>

	<p>and this is used to develop a plan for meaningful activities. The 'about me' includes cultural assessment and residents and family/whānau interviewed confirmed their input into this. The service facilitates access to traditional Māori health practitioners as needed. The contracted physiotherapist is on site for three hours per week to undertake assessments for mobility. Their recommendations contribute to the plan for exercise and falls prevention. Residents have access to a visiting podiatrist.</p> <p>Review of resident files shows assessment is comprehensive and utilises the tools embedded in the interRAI system (when appropriate). Where interRAI shows a trigger for a specific need, this is included in care plans. Care plans are comprehensive, and cover assessed needs. Care plans include the goals and aspirations of residents and describe the interventions required to achieve these. Where there is a potential for a risk for a resident, such as a change in mood, challenging behaviour or hypoglycaemia, the early warning signs are documented and communicated to staff. Care plans are recorded on an electronic system.</p> <p>Registered nurses and wellness partners described how they involve residents and families/whānau in implementing care plans. Residents and families/whānau interviewed confirmed they feel staff involve them and communicate well with them and are supported to achieve their own pae ora outcomes. They stated staff are respectful, genuinely caring, and respond to their needs in a timely manner.</p> <p>Care plans are reviewed routinely every six months or more frequently if the needs of a resident change. InterRAI assessments are completed before the care plan review, so that outcome measurements are utilised to evaluate progress or identify new needs. Families/whānau are invited to either attend care plan reviews or to email any suggestions if they are unable to attend. Care plan evaluations include a review of the residents' goals and aspirations, and if the supports given are helping to achieve these. When care plans are updated, they are communicated to wellness partners. Where a resident's progress is different from expected, the family/whānau is informed and the care plan is updated. Long-term care plans are living documents and acute changes, such as</p>
--	--

	<p>wounds and infections, are added to the long-term care plan and resolved when the issue resolves. One care plan reviewed had not had an evaluation completed within the six-month timeframe.</p> <p>At the time of the audit there were 33 wounds being treated, including one surgical wound, two venous ulcers, one stoma and skin tears. There were no pressure injuries. The service maintains an electronic wound register. A comprehensive wound assessment is completed, and the wound plan is reviewed at each dressing change. Photos are taken to evidence progression or deterioration of the wound. Wound evaluations are documented. Advice can be sought from the wound care specialist where required, as sighted in files reviewed. Wellness partners interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources, as sighted during the audit.</p> <p>Staff reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they are updated daily regarding each resident's condition. Progress notes are completed each shift by the wellness partners, each shift by the registered nurse for hospital level residents, and weekly by the registered nurse for rest home level residents, and more frequently if there are issues or concerns. If there is a change in the condition of a resident, the registered nurse is informed, undertakes an assessment, and updates the care plan if needed. A multidisciplinary approach promotes continuity in service delivery, including the GP, registered nurses, physiotherapist, wellness partners, kitchen staff, and other allied health team members, residents and family/whānau.</p> <p>In assessing and monitoring residents, the following monitoring charts are completed: weight (monthly as a routine or more often if indicated); behaviour; positioning; bowels; food and fluid intake; falls risk; and pain if applicable. Neurological observations are completed at accepted timeframes and duration for unwitnessed falls or head injuries. All incident reports reviewed evidenced timely nursing follow up.</p> <p>The Māori health care plan supports residents and family/whānau, as applicable, to identify their own pae ora outcomes in their care</p>
--	--

		<p>and support wellbeing. Tikanga principles are included within the Māori health care plan. Staff confirmed they understood the process to support residents and family/whānau. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā, and spiritual assistance. Cultural assessments are completed.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The overall programme has integrated activities that are appropriate for all residents. The activities programme is supported by the 'Attitude of Living Well' framework that covers every aspect of life: eating well, moving well, thinking well, resting well, and engaging well. The programme allows for flexibility and resident choice of activity. The activities programme is delivered by wellness partners overseen by a wellness leader. The full-time wellness leader who is new to the role, is an experienced caregiver and holds a level 4 qualification in health and wellbeing and has partially completed diversional therapist training. The programme is developed by the wellness leader monthly and tailored to the residents needs and preferences. Feedback on the activities programme is sought at resident meetings and individually.</p> <p>The activities are displayed in large print on all noticeboards and residents have copies in their rooms. Activities include exercises, Tai Chi, reading news, quizzes, board games, housie, happy hour, walking groups, pet therapy, cooking and crafts. On the day of audit, residents were participating in exercises, housie, and a movie afternoon. The programme allows for flexibility and resident choice of activity. One-on-one activities are available, as well as group activities. There are plentiful resources. The facility has accessible gardens and outdoor areas where residents can walk and enjoy gardening if they wish. There are also multiple small lounge spaces providing for family/ whānau visits, quiet time or private dining. Rest home residents in the serviced apartments join the main activities by choice.</p> <p>For residents who choose not to participate in group activities, one-to-one activities are provided, including garden walks, newspaper reading, mindfulness colouring, craft, knitting, board games and</p>

		<p>crosswords as examples. Young people with disabilities can participate in a range of recreation, leisure, cultural and community events consistent with their interests and preferences. There are regular van outings. Themed days such as Waitangi Day are on the programme and celebrated with appropriate resources available. Church services are held weekly. Many families/whānau take residents on outings, so they continue to have contact with their wider family/whānau and communities. For those that do not have family/whānau, staff confirmed they would facilitate access to the community on an individual basis. Residents and family/whānau interviewed expressed satisfaction with the activities provided.</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>Medication management is safe and meets legislative requirements. Medications are administered by registered nurses and medication competent wellness partners; all of whom are required to pass an annual medication competency. Staff have completed annual training in medication management. Medications are supplied in blister packs by a local pharmacy. Staff interviewed could describe their role and responsibilities in relation to receipt, storage, checking expiry dates, administering, and returning medications to the pharmacy. Medications are stored in secure medication rooms in the care centre. The medication rooms and refrigerator temperatures are recorded daily, and records show the temperatures are maintained within an acceptable range.</p> <p>All stock medications are checked weekly and expired medications are returned to the pharmacy for disposal. Eye drops and liquid medications are dated when opened and discarded as per the manufacturer's instructions. Medications are reviewed three-monthly by the GP, in collaboration with the registered nurse and resident and family/whānau. Eighteen electronic medication charts were reviewed on the electronic medication platform. All had photographic identification, and any allergies or adverse drug reactions are recorded on the chart. When changes are made to medications, residents and family/whānau are informed of the reason and potential side-effects. Pro re nata (prn) medication is administered as prescribed, and the reasons and effects are documented in the</p>

		<p>progress notes.</p> <p>The service does not have standing orders. Residents who are self-medicating have been assessed as being competent and medicines were seen to be stored in a locked cabinet in their individual rooms. Assessments of competency are completed every three months.</p> <p>Over-the-counter medication and supplements are considered by the GP and prescribed on the medication chart, including rongoā Māori if there is a Māori resident. Residents and their family/whānau are supported to understand their medicine when required. Residents and family/whānau interviewed confirmed they have the support and information to access treatment to achieve their health outcomes. A medication round was observed and seen to be safe. Staff explained the medication to residents in a simple way and if the resident chose not to take the medication, staff would try again later. Medication audits are completed as per the audit schedule and corrective actions implemented where required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All food and baking is prepared and cooked on site. The kitchen manager is a qualified chef and is supported by a second cook and team of kitchen assistants. Food is prepared in line with recognised nutritional guidelines for older people. The food control plan expires on 14 June 2026. All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. On the days of the audit, the kitchen was clean and well supplied, with special equipment available. Kitchen staff were observed following appropriate infection prevention measures during food preparation and serving. Current food handling certificates were available in staff records. Residents’ nutritional requirements are assessed on admission to the service, in consultation with the residents and family/whānau, and this is reviewed six-monthly.</p> <p>The nutritional assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Residents’ dietary preferences are available in a folder in the kitchen and on a</p>

		<p>whiteboard. A seasonal menu in a four-weekly cycle is utilised. The menu is reviewed by the Arvida dietitian. During the audit, the meal service was observed in each area. Residents were seen to be enjoying their meals. Residents are offered choice at each meal and cultural preferences are taken into consideration. Staff discreetly assisted residents when needed. There is adequate space in the dining room to accommodate residents and mobility aids. Residents may choose to have their meals in their rooms. Food going to rooms on trays is covered to keep the food warm. Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. The residents' weights are monitored regularly. Supplements and high protein smoothies are provided to residents with identified weight loss issues.</p> <p>Snacks and drinks are available for residents throughout the day and night when required. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. All food is delivered to the respective dining areas in scan boxes and served from heated bain-maries. All decanted food had records of use by dates recorded on the containers and no expired items were sighted.</p> <p>Family/whānau and residents interviewed indicated satisfaction with the food service. The kitchen manager reported that the needs of residents with specific cultural requirements are met. There is an annual resident satisfaction survey, which includes questions on meals, presentation and choice, and the result of this feedback is used to improve those areas as needed. Choice has improved by conducting menu planning meetings with residents, the village manager and kitchen manager.</p> <p>The prospective provider confirmed there will be changes made to the food control plan if the sale of the service is successful.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and</p>	<p>FA</p>	<p>Policies and procedures outline the process and required documentation for transfer and discharge. Discharge and transfer are planned processes that are communicated with residents and their family/whānau. Residents and family/whānau are advised of the reason for transition/transfer, options to access other health and disability services, social support or Kaupapa Māori agencies, if</p>

<p>whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>indicated or requested. When residents are transferred to the public hospital, their family/whānau is informed, the registered nurse completes a set of transfer documents, and the GP makes the referral to hospital. Relevant documentation is sent with the resident, including a printout of their current medications, care needs, and a copy of EPOA documents. Residents' needs and potential risks are communicated to the referral health service by the RN. A referral is made to other services as required, and examples were sighted, including a referral to the dietitian and wound nurse specialist. Residents attending external appointments are encouraged to be accompanied by their family/whānau.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Plant and equipment are fit for purpose and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of peoples' cultures and supports cultural practices. The building holds a building warrant of fitness, expiring 1 August 2026. The service is meeting the requirements as identified by relevant legislation, standards, and codes. The service employs a full-time maintenance supervisor and a contracted gardener. Maintenance requests are documented and acted upon in a timely manner. This is checked and signed off when repairs have been completed. There is a preventative maintenance plan (Urbanise) that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. This plan comes from Arvida Group support office and is adjusted to meet the facility's needs. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Electrical equipment is checked for compliance, and this has been completed by an external contractor. Annual checking and calibration of medical equipment, hoists and scales was completed in April 2025.</p> <p>The facility has three separate dining areas. The main dining room is adjacent to the kitchen and caters for the more independent residents. A lounge area at the end of the hospital wing provides an area for residents requiring assistance. The serviced apartments have an open plan lounge/dining room and there is a serviced apartment communal dining room with kitchenette. There is a main</p>

		<p>lounge and a smaller lounge at the end of each wing. Additionally, there are several smaller areas to create a more home-like environment. Seating is placed appropriately to allow for groups and individuals to relax or take part in activities. There is a large community room to cater for whole facility events. The corridors and bedrooms are carpeted. Vinyl surfaces are in all bathrooms/toilets and the kitchen. There are handrails in all corridors which promotes safe mobility. Residents were observed moving freely around the areas with mobility aids where required.</p> <p>There are adequate storage areas for the hoist, wheelchairs, products, and other equipment. The staff interviewed stated that they have all the equipment referred to in care plans to provide care. All resident rooms in the facility are single use and include ensuite toilets or full ensuites. Residents and their families/whānau are encouraged to personalise their bedrooms as sighted. Residents interviewed, confirmed their bedrooms are personalised according to their individual preferences. All showers/toilets have appropriate flooring and handrails. There are privacy locks and shower curtains. All bedrooms and communal areas have ample natural light and ventilation. There is a mixture of underfloor, ceiling and heat pumps. Temperatures are controlled centrally. Serviced apartments and studio units are spacious and have full ensuite facilities. Serviced apartments include a separate lounge, which is light and spacious.</p> <p>The prospective provider confirmed that there would be no changes to the environment in the near future and was able to discuss how they would consult with Māori to ensure any change would reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies outline specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand, dated 17 August 2001. Fire evacuation drills are held six-monthly and were last completed on 23 January</p>

		<p>2026. Civil defence supplies are stored in identified cupboards and checked six monthly. In the event of a power outage, emergency lighting provides sufficient lighting until the provider can access generators. There is a service agreement with a local contractor (sighted), that outlines in the event of a power outage, a generator of sufficient size to support the facility will be provided. The kitchen can provide basic support with gas hobs and there are two barbeques for cooking. There is adequate food supply available for each resident for a minimum of three days.</p> <p>The provider has sufficient water supplies including ceiling header tanks and bottled water to provide each resident and staff with three litres per day, for at least three days. Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Many residents use personal alarms. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of the maintenance audit. The residents were observed to have their call bells/pendants in proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night by staff, with the main gates locking each evening automatically. Security lighting is in place, with some limited closed circuit television cameras (CCTV) in place in communal areas and externally. A contracted company provides two security patrols each evening. Family/whānau are informed of emergency procedures as part of the admission process for their relative.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>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</p>	<p>FA</p>	<p>The infection prevention control and antimicrobial stewardship programme (AMS), its content and detail, is appropriate for the size, complexity and degree of risk associated with Mayfair Lifecare. Infection prevention and control is linked into the electronic quality risk and incident reporting system and is part of the strategic and quality plans. Infection rates are presented and discussed at quality improvement, RN/clinical and staff meetings. Infection control data is also sent to the Arvida group support office, where it is reported regularly at Board meetings. The service has access to an infection</p>

respond to relevant issues of national and regional concern.		prevention and control specialists through Health New Zealand.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>A registered nurse (with the support of the clinical manager) oversees infection control and prevention across the service and has access to all resident clinical files and information. The job description outlines the responsibility of the role. The infection prevention and control coordinator has completed online education related to their role.</p> <p>The infection prevention and control programme links to the business and quality plans. The infection control and AMS programme has been developed by Arvida support office in consultation with the infection control Coordinators and is approved by the governing body. The infection control team at head office have input to all procurement as part of the wellness and care clinical governance body.</p> <p>There is a facility infection prevention and control team which meets bimonthly (meeting minutes sighted). The service has an outbreak plan and pandemic response plan, which includes Covid-19, and details the preparation and planning for the management of lockdown, screening, transfers into the facility, and positive tests. Infection prevention advice is sought from various areas, depending what advice is required, including support office (wellness and care clinical governance and/or clinical quality), resident's GP, laboratory, the Arvida pandemic team (and consultant virologist) or Health New Zealand infection prevention and control nurse specialist.</p> <p>There is sufficient personal protective equipment (PPE). Extra PPE is available as required. The infection prevention and control manual outlines a comprehensive range of policies, standards, and guidelines, and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by Arvida Group support office in consultation with infection prevention and control coordinators. Policies are available to staff. There are policies and procedures in place around reusable and single use equipment, and the service has incorporated monitoring through their internal audit process. All shared equipment</p>

		<p>is appropriately disinfected between use. Single use items are not reused. Internal audits are completed, and any corrective actions identified are followed up and signed off when completed.</p> <p>The service has information around infection prevention and control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention, which acknowledge the spirit of Te Tiriti o Waitangi. The infection prevention and control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff are informed of any updates by noticeboards, handovers, and emails. Staff have completed hand hygiene competencies. Resident education occurs as part of the daily cares. Posters regarding good infection prevention and control practice were displayed in English and te reo Māori. There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI).</p> <p>The prospective provider plans to implement their established comprehensive infection prevention programme and antimicrobial programme which is linked to their electronic quality system.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality improvement, RN/clinical and staff meetings, as well as Arvida Group support office. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Reports are collated from the electronic medication system. The infection prevention and control coordinator works in partnership with the GPs and nurse practitioner to ensure best practice strategies are employed at the service.</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>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection prevention and control programme and is described in the infection prevention and control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control data is benchmarked with other Arvida facilities. Results of benchmarking are presented back to the facility electronically, and results discussed with staff. This information is displayed on staff noticeboards. Infection control surveillance is discussed at quality improvement, RN/clinical, and staff meetings and sent to Arvida group support office.</p> <p>Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Infections of concern are reported to the Board. Ethnicity data analysis around infections are captured by Arvida. Internal infection prevention and control audits are completed, with corrective actions for areas of improvement. The Arvida group support office and Health New Zealand send email notifications and alerts for any community concerns. There has been one outbreak (Norovirus in September 2025) since the last audit, which was managed appropriately. The facility followed their pandemic plan, reported the outbreak to Public Health, distributed communication, and completed outbreak logs. A debrief meeting occurred afterwards to improve on 'lessons learned.' There are ready made isolation kits available in an event of isolation of residents.</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</p>	<p>FA</p>	<p>There are policies regarding chemical safety, waste disposal, cleaning, and laundry practices. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard and the trolleys are kept secured when not in use. Safety data sheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks</p>

<p>environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>		<p>are available for staff, and staff were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in the laundry, with a sanitiser, a stainless-steel bench, a sink, and separate handwashing facilities. Goggles and other PPE are available.</p> <p>Staff have completed chemical safety training. Cleaning services are provided by dedicated staff seven days per week, and staff interviewed were knowledgeable around systems and processes related to hygiene, and infection prevention and control. All laundry is completed on site seven days a week. There are dedicated laundry staff seven days a week. There are clean and dirty entrances and a defined workflow. There are covered trolleys to transport the linen within the building. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system and overseen by the infection control coordinator. The washing machines and dryers are checked and serviced regularly.</p> <p>The prospective provider plans to review laundry, cleaning and waste management systems if the sale of the service is successful and introduce their policies in a manageable manner if changes are required.</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 service has a current restraint policy in place. Its aim is to maintain a restraint-free environment. The governance group demonstrated a commitment to this, supported by the management team. At the time of the audit there was no restraint being used at Mayfair Lifecare. Minutes of staff meetings show restraint is discussed and reported in management reports and presented to the Board. The policies and procedures reviewed meet the requirements of the Standard. A registered nurse is the restraint coordinator. They provide support and oversight should restraint be required in the future. There is a job description that outlines the role. Staff have been trained in the least restrictive practice, safe restraint practice, alternative culturally specific interventions, and de-escalation techniques as part of the education programme.</p>

		<p>The approval for any use of restraint in the first instance would be put forward to the clinical manager and village manager. The team would consider approval of any restraint, approval of the method of restraint, guidelines, education of staff, observations, and evaluation, and they would ensure that the correct equipment was used. Restraint protocols are covered in the facility's orientation programme and the education programme (including annual restraint competency). Restraint use is identified as part of the quality programme and reported at all levels of the organisation. The commitment to staff training is ongoing. Staff have completed annual training on de-escalation and managing challenging behaviour, ensuring they are prepared for any situation that may arise.</p> <p>The prospective provider confirmed governance commitment to eliminate restraint and maintain a restraint free environment and is aware of their responsibilities in respect of restraint minimisation and safe practice.</p>
--	--	---

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 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Moderate</p>	<p>Registered nurses are responsible for all assessments on admission. Residents and family/whānau have input into assessments and care planning. Registered nurses complete the initial assessments and interim care plans within the timeframes required by the contracts held. Care plans are reviewed routinely every six months or more frequently if the needs of a resident change.</p>	<p>One resident admitted in November 2025 at Hospital level did not have the "About Me" and "Leisure" sections of the care plan completed within the 21-day timeframe.</p> <p>One YPD resident did not have the care plan evaluation completed within the six-month timeframe.</p>	<p>Ensure care plan documentation to support the resident care needs is completed within the required timeframes.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.