Heritage Lifecare (BPA) Limited - Elizabeth R

Introduction

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

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking here.

The specifics of this audit included:

Legal entity:	Heritage Lifecare (BPA) Limited
Premises audited:	Elizabeth R
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 26 January 2026 End date: 27 January 2026

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 29

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Elizabeth R Lifecare & Village (Elizabeth R) is certified to provide rest home and hospital services for up to 41 residents. The service is owned and operated by Heritage Lifecare Limited. Residents and whānau were complimentary about the care provided.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service provider's agreement with Health New Zealand – Te Whatu Ora. The audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau, governance, managers, staff, a contracted allied health provider, and a nurse practitioner.

In 2021 the service was certified to provide six single dual-purpose beds reconfigured from three apartments. The apartments have not yet been reconfigured. The plan is to not reconfigure until residents living in the apartments vacate.

No areas requiring improvement were identified during this audit.

Ō tātou motika | Our rights

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

Elizabeth R provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pacific peoples, and other ethnicities. Elizabeth R worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. There were processes in place to ensure residents who identified as Māori could be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination). Māori staff in the service confirmed that policy, procedures and processes were in place to support culturally appropriate care delivery; there were no Māori residents in the service during the audit.

Systems and processes were in place to enable Pacific peoples to be provided with services that recognised their worldviews and were culturally safe. There were no residents who identified with a Pacific community in the service during the audit.

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

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

Complaints were resolved promptly and effectively in collaboration with all parties involved. There were processes in place to ensure that the complaints process works equitably for Māori. Complaints were fully documented, with corrective actions in place where these were required.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi, and reducing barriers to improve outcomes for Māori, Pacific peoples, and tāngata whaikaha (people with disabilities).

Planning ensured the purpose, values, direction, scope, and goals for the organisation were defined. Performance was monitored and reviewed at planned intervals.

The quality and risk management systems were focused on improving service delivery and care. Residents and whānau provided regular feedback and staff engaged in quality activities. An integrated approach included the collection and analysis of quality improvement data, identifying trends that led to improvements. Actual and potential risks were identified and mitigated.

Adverse events were documented, with corrective actions implemented. The service complied with statutory and regulatory reporting obligations.

Staff were appointed, orientated and managed using current good practice. Staffing was sufficient to provide clinically and culturally appropriate care. A systematic approach to identify and deliver ongoing learning supported safe and equitable service delivery.

Residents' information was accurately recorded, securely stored, not on public display, and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.

When people entered the service, a person-centred and whānau-centred approach was adopted. Relevant information had been provided to the potential resident and whānau.

The service worked in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and that files were evaluated on a regular and timely basis.

Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Medicines were safely managed and administered by staff who had been assessed as competent to perform this function.

The food service met the nutritional needs of the residents, with special and cultural needs catered for. Food was being managed safely.

Residents were referred or transferred to other health services as required.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.

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

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

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

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

Heritage Lifecare Limited and the senior care team at Elizabeth R Lifecare and Village ensured the safety of residents and staff through planned infection prevention and antimicrobial stewardship programmes that were appropriate to the size and complexity of the service and linked to the quality system.

An experienced and trained infection control coordinator leads the programme and had been involved in procurement processes, any facility changes, and processes related to the decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

The service promotes responsible prescribing of antimicrobials. Infection surveillance was undertaken, with follow-up action taken as required.

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

Here taratahi | Restraint and seclusion

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

The service was a restraint-free environment. This was supported by the governing body and policies and procedures. There were no residents observed to be using restraint at the time of audit. A comprehensive assessment, approval and monitoring process, with regular reviews, was in place should restraint use be required in the future.

A suitably qualified restraint coordinator manages the process. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, alternative interventions, and restraint monitoring.

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	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

For more information on the different types of audits and what they cover please click here.

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	Heritage Lifecare Limited (HLL) had a Māori Health Plan which guided care delivery for Māori using Te Whare Tapa Whā model for planning care, and by ensuring mana motuhake (self-determination) was being respected. The plan had been developed with input from cultural advisers and was in use for residents who identify as Māori at Elizabeth R Lifecare and Village (Elizabeth R). Te reo Māori language and signage was in widespread use at Elizabeth R, as well as important information (e.g., Code of Health and Disability Services Consumers' Rights (the Code), complaints and advocacy information). Input from Māori was being supported through the Māori Network Komiti, a group of Māori employees. The Komiti has a mandate to assist the organisation in relation to its response to the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021, and its Te Tiriti o Waitangi obligations. The Māori Network Komiti has a kaupapa Māori structure and involves people from the clinical leadership group, clinical service managers, site managers, registered nurses (RNs), and other care workers. The group provides information through the reporting structure to the HLL board; the Komiti meets two-monthly (last meeting 5 November 2025). The service can also access support through Health New Zealand – Te Whatu Ora (Te Whatu Ora), through local Māori health providers, through its local marae (Whakaahurangi

		Marae), and through its local iwi, Ngāti Ruanui. The staff recruitment policy was clear that recruitment would be non-discriminatory, and that cultural fit was one aspect of appointing staff. The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation, and this is outlined in its strategic plan and in policy documentation. Ethnicity data was being gathered when staff were employed, and this data was analysed at a management level. Staff who identified as Māori were employed at Elizabeth R at the time of audit. Training on Te Tiriti o Waitangi, cultural safety, health equity, and tikanga Māori was part of the HLL training programme, and the programme had been implemented in the service. The training was designed to assist staff to understand the key elements of service provision for Māori, and tāngata whaikaha, ensuring culturally appropriate services, respect for mana motuhake, and the provision of equity in care services. Staff at Elizabeth R were knowledgeable about their cultural obligations in the delivery of care.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	Heritage Lifecare Limited understood the equity issues faced by Pacific peoples and can access guidance from people within the organisation around appropriate care and service for people from Pacific communities. There were members of the executive team who identified as from a Pacific community. They can assist the board to meet its equity obligations to residents. A Pacific peoples' health plan and culturally safe care policy and procedure have been developed with input from cultural advisers. These plans document care requirements for Pacific peoples to ensure culturally appropriate services can be delivered. The Fonofale model of care was available for use by the service for residents from Pacific communities who might be admitted. Elizabeth R has access to local Pacific religious communities who could supply support for the facility, as well as from Te Whatu Ora. The staff recruitment policy was clear that recruitment would be non-discriminatory, and that cultural fit was one aspect of appointing staff. The service supports increasing capacity by employing more staff

		members who align with Pacific communities across differing levels of the organisation. This was outlined in its strategic plan, and in policy documentation. Ethnicity data was gathered when staff were employed, and this data was being analysed at a management level. There were no staff or residents who identified with a Pacific community in the service at the time of audit; however, staff who identified with Pacific communities were employed across the wider HLL organisation (including in leadership and training roles) and they could be consulted should this be required in the future. Training on culturally and spiritually specific care needs for people from Pacific communities was part of the HLL training programme, and this had been delivered. The training was geared to assist staff to understand the key elements of service provision for Pacific peoples, and in providing equity in the provision of care services.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	The Code was displayed in te reo Māori, English, and New Zealand Sign Language (NZSL) on posters around the facility, with brochures available at reception. A poster on the Nationwide Health and Disability Advocacy Service (advocacy service) was also displayed at reception. Staff knew how to access the Code in other languages should this be required. Staff interviewed understood the requirements of the Code and the availability of the advocacy service and were observed supporting Elizabeth R residents in accordance with their wishes. Interviews with whānau who visited regularly confirmed that staff were seen to be respectful and considerate of residents' rights. Residents and whānau interviewed reported being made aware of the Code and the advocacy service and were provided with opportunities to discuss and clarify their rights. Two community independent advocates volunteer their time to assist staff and advocate for residents at Elizabeth R. Staff had received training on the Code. Elizabeth R had a range of cultural diversity in its staff mix, and staff could assist if interpreter assistance was required. Elizabeth R also had access to external interpreter services and cultural advisors/advocates for Māori and people from Pacific communities. Relationships had been

		established with the Māori cultural advisor at the local Te Whatu Ora. Signage in te reo Māori was evident around the facility. Elizabeth R recognised residents' mana motuhake (self-determination).
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	Elizabeth R supported residents in a manner that was inclusive and respected their identity and experiences. Residents and their whānau, including tāngata whaikaha, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality, choices and independence. Care staff understood what Te Tiriti o Waitangi meant to their practice, with te reo Māori and tikanga Māori being promoted throughout the facility and through the Māori Health Plan, facility signage and information brochures in te reo Māori, special events (e.g., Waitangi Day, Matariki), menu choices, and the engagement of community cultural groups. Staff had undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work. Staff were observed to maintain privacy throughout the audit. All residents had a private room. The needs of tāngata whaikaha were responded to, including their participation in te ao Māori.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Employment practices at Elizabeth R included reference checking and police vetting. Policies and procedures outlined safeguards in place. Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such behaviour. There were no examples of discrimination, coercion, or harassment identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed. Residents' property was labelled on admission, and residents and whānau reported that personal property was respected and finances protected. Professional boundaries were observed to be maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to

		institutional and systemic racism and were confident that any concerns would be acted upon. Strengths-based and holistic models of care were evident, including use of Te Whare Tapa Whā and Fonofale models of care.
Subsection 1.6: Effective communication occurs The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	Residents and whānau at Elizabeth R reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to whānau in a timely manner. Where other agencies were involved in care, communication had occurred. Examples of open communication were evident following adverse events and during management of any concerns or complaints. Staff knew how to access interpreter services, if required.
Subsection 1.7: I am informed and able to make choices 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. 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. 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.	FA	Residents and/or their legal representative were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making. Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines. Advance directives and care planning, establishing and documenting of enduring power of attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record. Staff who identified as Māori assisted other staff to support cultural practice. Evidence was sighted of the resident being fully informed with the opportunity to choose, and support being provided when a resident had a choice of treatment options available to them.

Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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.	FA	A fair, transparent, and equitable system was in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Information on the Code, complaints and the complaints process, and advocacy was readily available in the facility in English and te reo Māori. Residents and whānau interviewed understood their right to make a complaint and knew how to do so. There have been seven complaints received in the last twelve months. All complaints, formal and informal, had been managed as per the HLL complaints process. Documentation sighted in respect of the complaints showed that all complaints had been responded to within appropriate timeframes and that the complainants had been informed of findings and any corrective action arising from the complaint following investigation. Information on the advocacy service and the ability to further a complaint to the Office of the Health and Disability Commissioner (HDC) was included in the documentation sighted. There have been no complaints from Māori in the service, but processes were in place to ensure complaints from Māori could be managed in a culturally appropriate way (e.g., using culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant). There has been one complaint, received on 10 December 2025, through the advocacy service of the HDC. This related to a resident adverse event that was also notified as a Section 31 notification to HealthCert at the Ministry of Health/Manatū Hauora, and to the Health Quality & Safety Commission (HQSC). As the event was also the subject of a coroner's enquiry, the HDC has closed the complaint pending any outcome from the enquiry; the coroner's enquiry remains open.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in	FA	The governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pacific peoples in governance groups, honouring Te Tiriti, and being focused on improving outcomes for Māori residents, those from a Pacific community, and tāngata whaikaha. Heritage Lifecare has a legal team who monitor changes to legislative and clinical requirements

partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. 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.		and have access to domestic and international legal advice. Directors of HLL have undertaken the e-learning education on Te Tiriti, health equity, and cultural safety provided by Manatū Hauora. Input from Māori into board activities was through the Māori Network Komiti, which is made up of a group of Māori staff in the service. Information garnered from these sources translates into policy and procedure. Equity for Māori, Pacific peoples, and tāngata whaikaha was addressed through policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, complaints, and infection prevention and control). HLL utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery can be surmounted. HLL has a strategic plan in place that outlines the organisation's philosophy structure, purpose, values, scope, direction, performance, and goals. The organisational philosophy encapsulated within the strategic plan reflects a person/whānau-centred care approach. Ethnicity data was being collected to support equity; a process was in place to analyse the data and utilise the information from it to support meaningful change. Governance and the senior leadership team commit to quality and risk via policy and processes, and through feedback mechanisms. This includes receiving regular information from each of its care facilities. The HLL reporting structure relies on information from its strategic plan to inform facility-based business plans. Elizabeth R had its own business plan for its services, and this had been reviewed quarterly in line with HLL policy requirements. Internal data collection (e.g., adverse events, complaints, and internal audits) was aggregated, and corrective action (at facility and organisation level as applicable) actioned. Feedback to the board was through the clinical governance committee. Changes were made to business and/or the strategic plans, and policies and procedures as required; documentation to support this was sighted. Position descriptions were in place for all positions, including specialist positions such as health and safety representatives, infection control,

		and restraint coordination. These specify the requirements for the position and key performance indicators (KPIs) to assess performance. Recruiting and retaining people is a focus for HLL. The organisation looks for the 'right people in the right place' and aims to keep them in place for a longer period to promote stability. It also uses feedback from cultural advisers, including the Māori Network Komiti, to inform workforce planning, sensitive and appropriate collection and use of ethnicity data, and how it can support its ethnically diverse staff. The clinical governance structure in place is appropriate to the size and complexity of the service provision. The service is managed by a care home and village manager (CHVM), who is an enrolled nurse (EN). The CHVM is supported by a clinical services manager (CSM), who is a registered nurse (RN) and oversees the clinical services being provided at Elizabeth R. Both the CHVM and the CSM are experienced in the aged care sector and confirmed knowledge of the sector and regulatory and reporting requirements; both maintain currency within the field. The CSM is supported by seven other RNs and one EN. Two of the RNs were interRAI certified. HLL supports people to participate in its service through care planning activities, resident/whānau and independent advocate meetings, satisfaction surveys, and through the complaints process. There was also a staff satisfaction survey for a wider view of how residents and staff are being supported. Results from both the resident/whānau and staff satisfaction surveys were highly positive. The service holds contracts with Te Whatu Ora for age-related residential care (ARRC) services, providing rest home and hospital-level care, long-term support – chronic health conditions (LTS-CHC), and short-term (respite) care. The service also has designated general practitioner (GP) medical centre beds. Twenty-nine (29) residents were receiving services at the time of audit. Sixteen (16) residents were receiving rest home–level care (including one under an LTS-CHC contract) and 13 hospital-level care (including one under an LTS-CHC contract and one through a Whaikaha Disability Support Services (DSS) contract with the Ministry of Social Development/Te Manatū Whakahiato Ora). No residents were receiving care under the respite contract or utilising the designated

		GP/medical centre beds.
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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.	FA	The organisation had a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds, and medication errors), complaints, audit activities, and policies and procedures. Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated and documented. Quality data was communicated and discussed, and this was confirmed by staff at interview and in meeting minutes. The CHVM and CSM understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Policies reviewed covered all necessary aspects of the service and contractual requirements, and were current. Critical analysis of organisational practices to improve health equity had been occurring across the HLL organisation, including at Elizabeth R. A Māori health plan guides care for Māori. Staff had received education in relation to the care of Māori, residents from Pacific communities, and tāngata whaikaha. All residents and staff in the service have the opportunity to contribute to quality improvement through the provision of feedback at meetings and in surveys. Residents had meetings facilitated by an independent advocate, who chairs the meeting, reporting any concerns to the CHVM. Minor concerns only had been raised at the last two meetings, according to meeting notes sighted. Residents' meeting minutes and the resident satisfaction surveys showed a high level of satisfaction with the services provided. Residents and whānau interviewed also reported high satisfaction levels. Residents and their whānau contribute to service delivery through care planning activities and the complaints process, as well as through informal discussions with the CHVM and CSM. Staff contribute through meetings and the staff satisfaction surveys; the results of the last staff satisfaction survey showed a high

		level of satisfaction from staff working at Elizabeth R. Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of incidents reports reviewed showed these were fully completed, incidents were investigated, action plans developed, and any corrective actions followed up in a timely manner. The CHVM and CSM both understood and had complied with essential notification reporting requirements. In the last 12 months there have been 30 Section 31 notifications made to HealthCert related to resident care or management (two), medication management (one), change of clinical manager (two), unexpected power loss (one), unexpected fire alarm (one), water leak (one), and RN shortage (22). The RN shortages covered 50 shifts between 3 March 2025 and 22 December 2025; in each instance an EN was on shift with an on-call RN supporting; the situation is now resolved, and the facility is currently fully staffed with RN cover. Two or the notifications related to resident care or management have also been notified to the HQSC; one was also referred to the Coroner (see also subsection 1.8).
Subsection 2.3: Service management 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.	FA	There was a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The service is being managed by the CHVM and CSM, both of whom are experienced in aged care. Both work Monday to Friday. On-call duties were being shared with the CHVM (for operational matters) and the CSM (for clinical issues). There were RNs on duty 24/7 and there was a first aid certified staff member on duty 24/7; this was confirmed on rosters sighted. The facility adjusted staffing levels to meet the changing needs of residents to align with HLL staffing policy, and could access support from casual staff to address any staff absence. Care staff interviewed reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed reported prompt attention from staff. Position descriptions reflected the role of the position and expected

		behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a health and safety, infection prevention and control, or restraint portfolio. Continuing education was planned on an annual basis and included mandatory training requirements. Related competencies had been assessed and supported equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessment programmes. Care staff had access to a New Zealand Qualifications Authority education programme to meet the requirements of the provider's agreements with Te Whatu Ora. The collection and sharing of high-quality health information across the service, including for Māori and Pacific peoples, was through policy and procedure, appropriate care planning using relevant models of care, resident and whānau engagement, and through staff competency assessment and education. Training and support for users of the service were primarily through the care planning process and ongoing interaction with RN staff. Staff reported feeling well supported and safe in the workplace. There were policies and procedures in place around wellness, bullying, and harassment. An employee assistance programme (EAP) was available to staff who may require extra support.
Subsection 2.4: Health care and support workers 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. 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. 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.	FA	Human resources management policies and processes were based on good employment practice and relevant legislation and included recruitment, selection, orientation, and staff training and development. Qualifications were validated prior to employment and then annually; evidence of this was sighted. A register of annual practising certificates (APCs) had been maintained for RNs, ENs, and associated health contractors. There were job descriptions in place for all positions that included outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A sample of six staff records reviewed evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, visa checking, and completed induction and orientation. Staff interviewed confirmed that orientation does take place; they described

		it as useful in preparing them for their role. With the exception of one staff member (from 13) interviewed, staff reported that they felt ready to take on their role when orientation was completed. Files sampled evidenced that performance appraisals were being undertaken as required. Staff described the appraisal process as useful for them, they had input into them, and the process allowed them to set their own career and education goals. Ethnicity data was being recorded for staff and used in accordance with Health Information Standards Organisation (HISO) requirements. There were staff wellbeing policies in place and staff were aware of them. Staff interviewed confirmed that debrief and support was available to them following any serious incidents or challenging situations; use of debrief had been recently utilised following a resident adverse event.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.	FA	Elizabeth R maintained quality records that complied with relevant legislation, health information standards, and professional guidelines. Most resident information was held electronically; this was username and password protected. Resident's files were integrated and mostly electronic, with some paper copy documents that were scanned into the resident's record (e.g., EPOAs). Access to resident information was limited dependent on the role of the person in the service. Most staff information was hard (paper) copy. Any paper-based records were held securely, only available to authorised users, and archived and destroyed within appropriate timeframes. Processes were in place to ensure information was readily retrievable. Data collected included ethnicity data of both residents and staff. All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible, and met current documentation standards. Consent was sighted for data collection. The service is not responsible for National Health Index registration.

Subsection 3.1: Entry and declining entry 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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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.	FA	There was a clearly documented process for determining a person's entry into the service. Residents at Elizabeth R entered the service when their required level of care had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. The entry process met the needs of residents. Residents and whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission. Where a prospective resident was declined entry, there were processes in place for communicating the decision. Related data was documented and analysed, including decline rates for Māori. The service has developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service.
Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	FA	The multidisciplinary team at Elizabeth R worked in partnership with the resident and their whānau to support the resident's wellbeing. Six residents' files were reviewed: three hospital-level care files, and three rest home–level care files. These files included residents who had experienced an acute event requiring transfer to an acute facility, residents with wounds, behaviours that challenge, a high falls risk, or complex chronic health needs. The six files reviewed verified that a care plan had been developed by a RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, considering wider service integration, where required. Assessments were based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, nurse practitioner (NP) input, initial care plan, interRAI assessment, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. Residents who had had an unwitnessed fall had an incident form completed, a post-fall assessment, neurological observations taken with oversight by the RN, and notification to the resident's whānau. Residents with long-standing wounds had wound assessments, a wound management

		plan, and documentation that verified treatment was provided in accordance with the plan and best practice guidelines. Input from the wound nurse specialist had been sought and advice included in the treatment regime. Resident behaviours that could be challenging were managed in accordance with the documented behaviour management plan. Short-term care plans were in place in three of the files reviewed. Short-term problems had been identified, as well as interventions to address the problems. Policies and processes were in place to ensure tāngata whaikaha and whānau participated in Elizabeth R's service development and delivery of services that provided choice and control, removing barriers that prevented access to information. Service providers understood the Māori constructs of oranga and had implemented a process to support Māori and whānau to identify their pae ora outcomes. The support required to achieve this was documented, communicated, and understood by staff. Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process. Interviews with six whānau of other residents expressed a high degree of satisfaction with the care provided at Elizabeth R. The residents and their whānau were actively involved in planning the resident's care and any ongoing discussions. Interviews with the staff identified that they were familiar with all aspects of the clinical and cultural care residents required, including the use of traditional healing practices. A telephone interview with the NP and an on-site interview with the physiotherapist expressed satisfaction with the care being provided by Elizabeth R.
Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like.	FA	The activities programme at Elizabeth R supports residents to maintain and develop their interests and was suitable for their age and stage of life. The full-time activities coordinator runs the programme with

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.		oversight from a qualified diversional therapist who works part-time. Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life, and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori had been facilitated. Community initiatives met the needs of Māori. Feedback on the programme had been provided through resident and whānau meetings and through satisfaction surveys. Residents and whānau interviewed confirmed the programme met the residents' needs.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines had been assessed as competent to perform the function they managed. Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines are stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range. Twelve (12) resident medication files were reviewed. Prescribing practices meet requirements. Evident in residents' files was the reduction in polypharmacy, with evidence of de-prescribing, which had resulted in a positive outcome for residents. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. The required three-monthly NP review was consistently recorded on the medicine chart. Standing orders were not in use at Elizabeth R. Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, are supported to understand their medications.

Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	The food service at Elizabeth R was in line with recognised nutritional guidelines for people using the services. The menu had been reviewed by a qualified dietitian within the last two years (23 April 2025). Recommendations made at that time have been implemented. All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration (issued by Stratford District Council, next due 12 June 2026). Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets, and modified texture requirements are accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori. Residents are enabled to be involved in the preparation of food as part of the activities programme. Evidence of resident satisfaction with meals was verified by resident and whānau interviews, satisfaction surveys, and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity.
Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and 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.	FA	Transfer or discharge from the service was planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs had been identified, managed and documented. Options to access other health and disability services and social/cultural supports were discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative.

Subsection 4.1: The facility 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.	FA	Appropriate systems were in place to ensure the residents' physical environment and facilities (internal and external) were fit for their purpose, well maintained, and that they meet legislative requirements. A recent refurbishment of communal leisure spaces, resident rooms (as they were vacated), toilet/shower areas, and garden recreation areas has been undertaken in the past year. In 2021 the service was certified to provide six single dual-purpose beds reconfigured from three apartments. The apartments have not yet been reconfigured. The plan is to not reconfigure until the residents currently living in the apartments vacate; two of these are currently vacant and the change is currently being considered. A planned maintenance schedule included electrical testing and tagging, resident equipment checks, and checking and calibration of clinical equipment. Monthly hot water tests were completed for resident areas; these were sighted and were all within normal limits. The building had a building warrant of fitness that expires on 4 June 2026. There were currently no plans for further building projects requiring consultation, but HLL directors were aware of the requirement to consult with Māori if this was envisaged. The environment was comfortable and accessible. Corridors had handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs, and residents were observed to be safely using these. Spaces were culturally inclusive and suited the needs of the resident groups. Lounge and dining facilities meet the needs of residents; lounge areas were also used for activities. There were smaller leisure spaces around the facility for residents who require a quiet space or privacy. There were adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and communal areas had appropriately situated call bells. There were external areas within the facility for leisure activities with appropriate seating and shade. Residents' rooms allowed room for the use of mobility aids and moving and handling equipment. Space was available for the storage and charging of electronic mobility aids. Rooms were personalised according to the resident's preference. All rooms have a window

		allowing for natural light with safety catches for security. The facility had electric heating, which could be adjusted depending on seasonality and outside temperature. Residents and whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they had adequate equipment to safely deliver care for residents.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	FA	The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 14 April 2016. The requirements of the fire and emergency scheme were reflected in the facility's fire and emergency management plan, which requires a six-monthly fire drill; the last fire drill was held on 16 January 2026. The orientation process required fire and emergency education and competency, and these had been completed in all files sighted. Education and competency assessment had also been delivered in 2025 as part of the ongoing education/competency programme. Staff interviewed were able to describe what they would do in an emergency. Facility-specific disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. Staff had received relevant information and training and reported that they had sufficient and appropriate equipment to respond to emergency and security situations. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region, and alternative essential energy and utility sources were available in the event of the main supplies failing (including for cooking). The facility holds 900 litres of water on site: 400 litres for drinking and 500 litres for cleaning/washing. Information on emergency and security arrangements had been provided to residents and their whānau on entry to the service; this was confirmed by documentation sighted and by residents and their whānau. Information on fire and emergency protocols was available in flipchart form throughout the facility. Emergency resident information on medication needs and disability assistance was readily available for

		use in the event of an emergency. Seventeen (17) staff had current first aid certification and there was a first aid certified staff member on duty twenty-four hours per day/seven days per week (24/7) on the rosters sighted. Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. Appropriate security arrangements were in place. The facility had overnight 'lock-up' procedures that allow for emergency egress, and a doorbell was in place for visitors to use. Residents and whānau were familiarised with emergency and security arrangements, as and when required. Staff were noted to be wearing uniforms and name badges throughout the audit.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.	FA	Heritage Lifecare Limited has infection prevention (IP) and antimicrobial stewardship (AMS) outlined in its policy documents. The IP and AMS programmes were appropriate to the size and complexity of the service. They had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on annually. Any significant issues within the service (e.g., outbreaks) had been escalated immediately through established reporting systems. The IP and AMS programmes were being supported at governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately managed at facility level, and to support facilities as required. Clinical staff can access IP and AMS expertise and support though the HLL support office clinical specialist staff, and specialists through Te Whatu Ora (including nurse specialists, district nurses, and infection prevention and control nurse specialists). Advice can also be sought from regional public health specialists. Infection prevention and AMS information was being discussed at facility level and at clinical governance meetings, and was reported to the board. Information presented to the board includes ethnicity data to support equity in the IP and AMS programmes.

Subsection 5.2: The infection prevention programme and implementation 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.	FA	The CSM, who is the infection prevention and control coordinator (IPCC) at Elizabeth R, is responsible for overseeing and implementing the IP programme with reporting lines to the HLL clinical governance committee. The IPCC had appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support within HLL, through the local Te Whatu Ora, and regional public health specialists. Their advice and/or the advice of the committee had been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies. The IPCC had good knowledge of the infection prevention and control (IPC) policies and procedures, which reflected the requirements of the standard and were based on current accepted good practice. Cultural advice was accessible where appropriate. Staff were familiar with policies through orientation and ongoing education and were observed to follow processes correctly. Residents and their whānau were educated about IP in a manner that met their needs. Educational resources were available in te reo Māori. A pandemic/infectious diseases response plan was documented and had been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff had been trained in their use. Staff were familiar with policies for the decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process had been audited to maintain good practice. Single-use medical devices were not in use.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally	FA	Responsible use of antimicrobials was being promoted at Elizabeth R. The AMS programme was appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme had been evaluated by monitoring antimicrobial use and identifying areas for improvement. The NP and the contracted pharmacist had input and provided feedback on prescribing and

safe and easy to access, and messages are clear and relevant. 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.		implementation of the AMS programme monthly.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and 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.	FA	Surveillance of health care-associated infections (HAIs) at Elizabeth R was appropriate to that recommended for the type of services offered and was in line with risks and priorities defined in the infection control programme. Monthly surveillance data, using standardised surveillance definitions, had been collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance included ethnicity data. Results of the surveillance programme were shared with staff and the HLL governance body, and where necessary, recommendations for improvement had been identified. A summary report for the most recent 2024 infection outbreak was reviewed, and it demonstrated a thorough process for investigation and follow-up. Learnings from the event had been incorporated into practice. Communication between service providers and those residents experiencing a HAI was culturally safe.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	FA	Elizabeth R presented as a clean and hygienic environment that supported the prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. Staff had a good knowledge and followed documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes were being monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme. Staff involved had completed relevant training and were observed to carry out duties safely. Chemicals were stored safely. Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations.

Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	Heritage Lifecare is committed to a restraint-free environment in all its facilities. Elizabeth R is restraint-free and no residents were observed to be using a restraint during the audit. Restraint has not been used in the facility since 2021. There were strategies in place to eliminate restraint, including an investment in equipment to support the removal of restraint (e.g., use of intentional rounding (scheduled resident checks), use of high/low beds, and sensor equipment). The board's clinical governance committee is responsible for the HLL restraint elimination strategy and for monitoring restraint use in the organisation. Documentation confirmed that restraint had been discussed at the clinical governance committee meetings and then reported to the board. Policies and procedures meet the requirements of the standard. The restraint coordinator (RC) is a defined role undertaken in the facility by an Elizabeth R RN; they would provide support and oversight should restraint be required in the future. There was a job description that outlines the role, and the RC has had specific education around restraint and its use. Restraint protocols had been covered in the orientation programme of the facility and included in the education/training programme (which includes annual restraint competency). Staff had been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring, and were knowledgeable about the process during interview. Restraint use was identified as part of the quality programme and reported at all levels of the organisation. The RC, in consultation with the multidisciplinary team, would be responsible for the approval of the use of restraints should this be required in the future; there were clear lines of accountability. For any decision to use or not use restraint, there was a process in place to involve the resident, their EPOA and/or whānau, and the multidisciplinary team (including the NP) as part of the decision-making process. Cultural assessment was an important component of the restraint assessment process. A restraint register was maintained on the electronic resident

		management system; the criteria on the restraint register contains enough information to provide an auditable record of restraint should this be required. The RC undertakes review of all residents who may be at risk in conjunction with the other RNs and the NP; documentation outlines strategies to be used to prevent restraint being required and this was sighted. Review of restraint had also been completed at clinical governance level, and any changes to policies, guidelines, education, and processes had been implemented if indicated. Given there was no restraint being used in the facility, subsections 6.2 and 6.3 have not been audited.

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.