

# Heritage Lifecare (BPA) Limited - Waterlea Rest Home

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## 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:** Waterlea Rest Home

**Services audited:** Rest home care (excluding dementia care); Dementia care

**Dates of audit:** Start date: 21 January 2026      End date: 22 January 2026

**Proposed changes to current services (if any):** Heritage Lifecare have confirmed their intention for the premise/trading name to be Waterlea Lifecare and the legal entity to be Heritage Lifecare (BPA) Limited – Waterlea Lifecare.

**Total beds occupied across all premises included in the audit on the first day of the audit: 57**

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
Yellow	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
Red	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

Heritage Lifecare (BPA) Limited (Heritage Lifecare) owns and operates Waterlea Rest Home, known as Waterlea Lifecare, which is one of two Heritage Lifecare providers in Blenheim. Waterlea Lifecare provides rest home and dementia care services for up to 61 residents. There have been no changes to the service since the last audit.

This audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 (Ngā Paerewa) and the contracts the provider holds with Health New Zealand – Te Whatu Ora (Te Whatu Ora). The process included a pre-audit assessment of policies and procedures, a review of residents’ and staff files, observations, and interviews with residents and whānau, a regional manager, a governance representative, management, staff, and a nurse practitioner.

Strengths of the service included the wide and varied activities programme including food preparation activities in the dementia unit which have benefited residents and resulted in a continuous improvement rating. One area requiring improvement was identified relating to engagement with Māori.

## 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.		Some subsections applicable to this service partially attained and of low risk.
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Heritage Lifecare works collaboratively to support and encourage a Māori and Pacific peoples' world view of health in service delivery within its facilities.

Waterlea Lifecare 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 people, and other ethnicities. Waterlea Lifecare worked collaboratively with Māori residents' families to meet their individual needs. Staff are given training to encourage a Māori worldview of health in service delivery.

Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination), and this was confirmed by Māori residents and staff interviewed. Staff reported they had participated in Te Tiriti o Waitangi training, and this was reflected in day-to-day service delivery.

Systems and processes were in place to enable Pacific people to be provided with services that recognised their worldviews and were culturally safe.

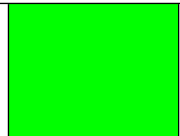
Residents and their whānau had been informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these were upheld. Personal identity, independence, privacy and dignity were respected and supported. Residents were safe from abuse.

Residents and whānau received information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication was practised and interpreter services were provided as needed.

Whānau and legal representatives were involved in decision-making that complied with the law. Advance directives are followed wherever possible.

Waterlea Lifecare has had few complaints and these are resolved promptly and effectively in collaboration with all parties involved. There are processes in place to ensure that the complaints process works equitably for Māori.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The organisation is governed by Heritage Lifecare. There is a support structure which provides monitoring evidence to the board of directors, ensuring compliance with contracts and legislation. Good communication between the board, managers and staff at Waterlea Lifecare was evident.

The governing body assumes accountability for delivering a high-quality service that is inclusive of, and sensitive to, the cultural needs of Māori. All directors are suitably experienced and qualified in governance and have completed education in cultural awareness, Te Tiriti o Waitangi, and health equity.

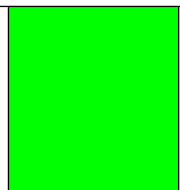
Strategic planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Service performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes the collection and analysis of quality improvement data, identifying trends that leads to improvements. Actual and potential risks are identified and mitigated. Adverse events are documented, with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staff are appointed, orientated, and managed using current good practice. Staff are suitably skilled and experienced. Staffing levels are sufficient to provide clinically and culturally appropriate care. A systematic approach to identify and deliver ongoing learning supports safe and equitable service delivery. Staff performance is monitored.

Residents' information is accurately recorded, securely stored, and not publicly displayed or 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.
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When residents are admitted to Waterlea Lifecare, a person-centred and whānau-centred approach is consistently adopted. Relevant, accurate and appropriate information is provided to prospective residents and their whānau at the point of admission to support informed decision-making and facilitate a smooth transition into the service.

Waterlea Lifecare works 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 was evaluated on a regular and timely basis.

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

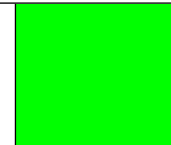
Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents, with special cultural needs catered for. Food is safely managed.

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

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

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



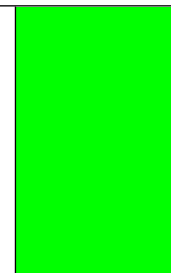
Subsections applicable to this service fully attained.

The facility meets 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 tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of tāngata whaikaha (people with disabilities).

Staff are trained in emergency procedures, the use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau interviewed understood emergency and security arrangements. Security is 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.

The governing body oversees the implementation of the infection prevention and control programme, which is linked to the quality management system. Annual reviews of the programme were reported to the board, as were any significant infection events.

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

The environment supports the prevention of infections and the mitigation of their transmission. Waste and hazardous substances were well managed. There were safe and effective 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.
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Waterlea Lifecare is a restraint-free environment. This is supported by the Heritage Lifecare governing body and policies and procedures. There were no residents using restraint at the time of audit. A comprehensive assessment, approval, and monitoring process, with regular reviews, is in place should restraint use be required in the future.

The clinical services manager (CSM) is the restraint coordinator and is suitably qualified to manage the process. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, alternative interventions to restraint, 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	26	0	1	0	0	0
Criteria	1	166	0	1	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 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>PA Low</p>	<p>Heritage Lifecare had a Māori Health Plan that guided care delivery for Māori using Te Whare Tapa Whā model, and by ensuring mana motuhake (self-determination) is respected. The plan has been developed with input from cultural advisers and can be used for residents who identify as Māori.</p> <p>Input from Māori is supported through the Māori Network Komiti, (Komiti) a group of Māori employees. The Komiti has a mandate to further 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 Komiti has a kaupapa Māori structure and involves people from the clinical leadership group, clinical service managers, site managers, registered nurses, and other care workers. The group provides information through the clinical governance structure (the clinical advisory group) to the board.</p> <p>Waterlea Lifecare has supported Māori residents with input from their families. A new staff member is assisting with the introduction of waiata and the use of te reo Māori words. The care home manager (CHM) is aware of how to access community supports, through two specific people; however, there was no evidence of this</p>

		<p>occurring on a regular basis. This is an area for improvement; refer criterion 1.1.5.</p> <p>The staff recruitment policy is clear that recruitment will be non-discriminatory, and that cultural fit is 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. There were two Māori staff employed at Waterlea Lifecare at the time of audit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level.</p> <p>Training on Te Tiriti o Waitangi is part of the Heritage Lifecare training programme, and this is implemented in the service. The training is geared to assist staff to understand the key elements of service provision for Māori and tāngata whaikaha, including mana motuhake and providing equity in care services.</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>Heritage Lifecare understands the equity issues faced by Pacific peoples and is able to access guidance from people within the organisation around appropriate care and service for Pacific people. A member of the executive team identifies as Pacific. They can assist the board to meet its Ngā Paerewa obligations to Pacific peoples.</p> <p>A Pacific Health Plan is in place that utilises the Fonofale model of care documenting care requirements for Pacific peoples to ensure culturally appropriate services. The plan has been developed with input from cultural advisers.</p> <p>Waterlea Lifecare has not had a resident who identifies as Pacific. The service has three staff who identify as Pacific, and a local Samoan church visits to carry out services. The CHM has access to local Pacific communities through church members and staff.</p> <p>The staff recruitment policy is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The service supports increasing Pacific peoples' capacity by employing more Pacific staff members across differing levels of the</p>

		<p>organisation, and this is outlined in its strategic plan and in policy documentation. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. There were three staff who identified as Pacific people in the service.</p> <p>Training on culturally specific care, including care for Pacific people, is part of the Heritage Lifecare training programme, and this is implemented in the service. The training is geared to assist staff to understand the key elements of service provision for Pacific people and providing equity in care services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed at Waterlea Lifecare demonstrated a clear understanding of the requirements and principles of the Code and were observed supporting residents in a manner consistent with their expressed wishes, preferences, and rights. Staff were able to describe how the Code is applied in everyday practice, including respect, informed choice, dignity, effective communication, and the recognition of Māori mana motuhake in care and decision-making. Education on the Code and its principles is provided to all staff during orientation, with opportunities for discussion and clarification to support consistent application in practice.</p> <p>Residents and whānau interviewed confirmed that they had been made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and reported being provided with appropriate opportunities to discuss and clarify their rights. Ongoing opportunities to discuss the Code and related matters are provided through residents' meetings, where time is allocated for questions, feedback, and discussion.</p> <p>Advocacy brochures were readily available in the reception area, alongside clear information about the Code in both te reo Māori and English, ensuring accessibility, cultural responsiveness, and respect for Māori rights and values.</p>
<p>Subsection 1.4: I am treated with respect</p>	FA	<p>Waterlea Lifecare supports residents in a manner that is inclusive, culturally safe, and respectful of their identity, lived experiences,</p>

<p>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.</p>		<p>and personal preferences. Residents and whānau, including tāngata whaikaha (people with disabilities), confirmed that services were delivered in a way that had regard for their dignity, gender, privacy, confidentiality, sexual orientation, spirituality, values, beliefs, culture, religion, relationship status, and preferred level of interdependence. Residents reported that they were asked about what is important to them and were provided with opportunities to share this information, which was then reflected in their care and support.</p> <p>Throughout the audit, staff were consistently observed to uphold residents' privacy and dignity in everyday practice. This included residents in the secure memory care unit. All residents had a private room, and staff were observed routinely knocking on doors, seeking permission before entry, and communicating respectfully to maintain personal dignity and autonomy.</p> <p>Te reo Māori and tikanga Māori are promoted through bilingual signage, use of te reo Māori language in the activities programme, and education of staff. Staff described undertaking training in Te Tiriti o Waitangi and tikanga Māori during orientation and were able to discuss how this was reflected in their day-to-day interactions and service delivery.</p> <p>The needs of tāngata whaikaha are appropriately identified and responded to, including enabling and supporting their participation in te ao Māori. Staff were observed speaking to residents in a respectful, supportive, and mana-enhancing manner, and residents and whānau interviewed reported feeling respected, listened to, and valued in their daily lives.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>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.</p>	<p>FA</p>	<p>Staff interviewed at Waterlea Lifecare demonstrated a clear understanding of the service's policies and procedures relating to abuse and neglect, including the identification of potential signs, required actions, and reporting pathways. Staff confirmed they had received education on abuse and neglect and reported feeling confident and supported to raise and report any concerns. There were no examples of discrimination, coercion, harassment, abuse,</p>

		<p>or neglect identified during the audit through staff interviews, resident and whānau interviews, or documentation reviewed.</p> <p>All residents and whānau interviewed reported that they felt well cared for, supported, and safe within their environment at Waterlea Lifecare. Residents' personal property was clearly labelled on admission, and residents and whānau confirmed that belongings were treated with respect and safeguarded. Residents' finances are protected, with appropriate safeguarding systems in place.</p> <p>Professional boundaries were consistently maintained by staff, who demonstrated an understanding of behaviours and practices that protect resident wellbeing and avoid any actions that could negatively impact residents. Staff interviewed felt safe and supported to raise concerns relating to institutional and systemic racism and were confident that any issues raised would be taken seriously and acted upon by management.</p> <p>A strengths-based and holistic model of care was evident throughout the service, with the integration of Te Whare Tapa Whā to support wellbeing outcomes for Māori, recognising the physical, mental, spiritual, and whānau dimensions of health in everyday care and support.</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>Residents and whānau reported that communication at Waterlea Lifecare was open, respectful, and effective, and that they felt listened to. All residents interviewed stated that information was provided to them in an easy-to-understand format, that staff communicated clearly, and that they felt heard when raising questions or concerns. Residents and whānau confirmed they have regular opportunities to express their views and provide feedback through resident meetings, and reported that staff were approachable, kind, and responsive to their concerns.</p> <p>Changes to residents' health status were communicated to whānau in a timely manner, including those holding an enduring power of attorney (EPOA) for a resident. Whānau and EPOA confirmed they were kept appropriately informed and gave examples of staff contacting them when an incident such as a fall occurred. Whānau</p>

		<p>also have opportunities to attend case conferences to discuss care and receive updates regarding care and service delivery. Where other agencies were involved in care, effective communication was evident, including with nurse or general practitioners, and relevant allied health professionals.</p> <p>Examples of open and transparent communication were evident following adverse events and during the management of any complaints, demonstrating a commitment to partnership and accountability.</p> <p>Staff demonstrated knowledge of how to access interpreter services when required to support effective communication and informed participation.</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>Residents and/or their legal representatives were provided with the information necessary to make informed decisions about care and support, in a manner that was clear, accessible, and culturally appropriate. Residents interviewed reported feeling empowered to actively participate in decision-making about care, and that their views and preferences were respected. With the consent of the resident, whānau were included in decision-making and were enabled to do so through access to quality information, advice, and relevant resources.</p> <p>Where a resident was unable to make informed choices, an enduring power of attorney (EPOA), or welfare guardian was appropriately appointed in accordance with the law, and all relevant legal documentation was available, current, and accessible within the resident's record. Residents were still supported to be involved in decisions wherever possible, even when a legal representative was acting on their behalf.</p> <p>Nursing and care staff interviewed demonstrated a clear understanding of the principles and practice of informed consent, supported by organisational policies aligned with the Code and appropriate tikanga guidelines. Verbal consent was observed to be obtained for day-to-day cares.</p>

		<p>Residents were supported in their right to supported decision-making and to make informed choices in accordance with the Code. Advance care planning was appropriately recorded in residents' files where relevant. Shared goals of care discussions were undertaken with residents and whānau and documented in the resident record where applicable.</p> <p>All residents in the secure dementia unit had a documented EPOA or welfare guardian on file that had been activated by an appropriate medical practitioner and EPOAs interviewed confirmed they are given sufficient information to give informed consent for their family member.</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>Heritage Lifecare has a fair, transparent, and equitable system to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. The CHM advised there was a process in place to manage complaints from Māori using hui, and appropriate tikanga, as applicable. Complaint forms are available in English and te reo Māori. Residents and whānau interviewed reported that they understood their right to make a complaint and knew how to do so.</p> <p>There had been one formal complaint received by the service since the last audit. Minor concerns were documented; these were all addressed in a short period of time. The complaints file had documentation to evidence that the complainant had been informed of the ongoing investigation. The complainant chose to take the complaint to Te Whatu Ora, which requested information from Waterlea Lifecare. This was provided in a timely manner. The regional business manager was very supportive of the CHM, and Te Whatu Ora closed the complaint with no requirements for Waterlea Lifecare.</p> <p>Complainants are informed that, if they are not satisfied with the outcome of the complaint, they may take their complaint to the Office of the Health and Disability Commissioner. There had been no complaints received from external sources since the previous audit.</p>

<p><b>Subsection 2.1: Governance</b></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>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 o Waitangi, and being focused on improving outcomes for Māori, Pacific peoples, and tāngata whaikaha. Directors of Heritage Lifecare have undertaken the e-learning education on Te Tiriti, health equity, and cultural safety provided by Manatū Hauora. Heritage Lifecare has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>Information garnered from these sources translates into policy and procedure. Equity for Māori, Pacific people and tāngata whaikaha is addressed through the 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 and complaints forms in te reo Māori). Heritage Lifecare utilises the skills of staff and senior managers to support them in making sure barriers to equitable service delivery are surmounted.</p> <p>Heritage Lifecare has a five-year strategic plan in place that outlines the organisation's structure, purpose, values, scope, direction, performance, and goals. The plan incorporates the Ngā Paerewa Standard and restraint elimination across ethnicity. Ethnicity data is collected to support equitable service delivery. Waterlea Lifecare has its own business plan that follows the Heritage Lifecare template and covers strategic areas and goals for the service and is signed off by the regional manager.</p> <p>Governance and the senior leadership team commit to quality and risk via policy, processes, and feedback mechanisms. This includes receiving regular information from each of its care facilities. Internal data collection includes adverse events, clinical indicators such as infections, falls, pressure injuries, restraint, a range of internal audits, and complaints. Data is aggregated and corrective action at facility and organisation level actioned as applicable. Annual whānau and residents' surveys are provided by Heritage Lifecare</p>

		<p>support services, analysed, and reported back to the individual facilities to enable benchmarking. The last survey was completed in February 2025 and showed a positive response. The clinical governance group receives clinical data from the CSM and reports to the board. Changes are made to business and/or strategic plans as required.</p> <p>Job and role-specific position descriptions are in place for all positions, including senior positions. These specify the requirements for the position and key performance indicators (KPIs) to assess performance. Heritage Lifecare uses an interview panel for senior managers. Recruiting and retaining people is a focus for Heritage Lifecare, 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 Komiti, to inform workforce planning, sensitive and appropriate collection and use of ethnicity data, and how it can support its ethnically diverse staff.</p> <p>Heritage Lifecare supports people to participate locally through resident meetings, the CHM having an open-door policy, and through satisfaction surveys. There is also a staff satisfaction survey for a wider view of how residents and staff are being supported. Results of both are used to improve services.</p> <p>Waterlea Lifecare holds contracts with Te Whatu Ora to provide residential rest home and dementia care and respite care services under the age-related residential care agreement (ARRC) for up to 61 residents, including 42 rest home beds and 19 dementia care beds. On the day of audit, there were 41 rest home residents and 16 dementia residents receiving care, all under the ARRC contract.</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</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents, accidents and hazards. The CSM reports monthly on clinical key performance indicators, which include falls, pressure injuries, infections, wounds, and medication errors. The CHM reports on complaints and audit activities.</p>

<p>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.</p>	<p>Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Quality data is communicated and discussed, and this was confirmed by staff at interview. Trends are graphed and displayed on notice boards in staff areas. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The CHM 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.</p> <p>A Māori health plan guides care for Māori. Staff have received substantial education/training in relation to care of Māori, Pacific peoples, and tāngata whaikaha.</p> <p>Staff contribute to quality improvement by undertaking audits, reviewing policies, providing feedback at meetings, and participating in surveys. Residents have meetings facilitated by an independent advocate on a three-monthly basis. Residents' and whānau satisfaction surveys showed a high level of satisfaction with the services provided, and those interviewed reported a very high level of satisfaction.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and any corrective actions followed up in a timely manner.</p> <p>The CHM and CSM understood and have complied with essential notification reporting requirements. There have been three Severity Assessment Code (SAC) 2 reports related to falls and two Section 31 notifications completed in the last 12 months, relating to an unsettled resident invading other residents' rooms and another relating to a power outage, all of which were managed appropriately.</p> <p>Officers from the Office of the Ombudsman visited the facility in March 2025. Their report showed a high degree of satisfaction with the services provided in the dementia unit and included a minor recommendation related to uneven pavers in the dementia unit's</p>
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		outdoor areas which has been addressed.
<p><b>Subsection 2.3: Service management</b></p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<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 (24/7). The service is managed by the CHM, who is supported by an experienced CSM and registered nurse. The CHM has worked at the facility at different times over many years and has been in the current position for 11 years. The CHM and CSM both work Monday to Friday and are on-call. Registered nurses are on duty each morning, and either a registered nurse or a team leader (senior caregiver) is on duty in the afternoons and at night. A first aid-certified staff member is on duty 24/7. There is currently a vacancy for a cleaner.</p> <p>The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. Related competencies are assessed and support equitable service delivery. Care staff have access to a New Zealand Qualifications Authority education programme to meet the requirements of the provider's agreements with Te Whatu Ora. Seventeen care givers were certificated at Level 4, one at Level 3, and new care givers were commencing their training. All care givers working in the dementia unit had undertaken the Dementia Care Limited Credit programme.</p> <p>Staff wellbeing policies and processes are in place, and those interviewed reported feeling well supported and safe in the workplace. Staff have access to independent counselling services. Access to up-to-date Māori information is through Komiti emails and meetings, which the CHM attends and shares with staff.</p>
<p><b>Subsection 2.4: Health care and support workers</b></p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include</p>

<p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>recruitment, selection, orientation, and staff training and development. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio.</p> <p>A sample of nine staff records were reviewed (three registered nurses, including the CSM, three caregivers, a diversional therapist, a cook, and a cleaner) and evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, and completed induction and orientation. Staff performance is reviewed after employment at six weeks, at three months, and annually; this was confirmed through documentation sighted and interviews with staff.</p> <p>Qualifications are validated prior to employment. A register of annual practising certificates (APCs) is maintained for registered nurses, and associated health contractors, general practitioners (GP), nurse practitioners (NP), a physiotherapist, a podiatrist, the pharmacists, and a dietitian.</p> <p>Ethnicity data is recorded and used in line with health information standards. Staff information is secure and accessible only to those authorised to use it.</p> <p>Debrief for staff is outlined in policy; staff interviewed confirmed the opportunity for debrief and support is available to them.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>The service maintains quality records that comply with relevant legislation, health information standards, and professional guidelines. Most information is held electronically and is password-protected. Any paper-based records are held securely, available only to authorised users.</p> <p>Residents' files are integrated electronic and hard-copy documents. Files for residents, staff and financial management are held securely on and off site for the required period before being destroyed. No personal or private resident information was on</p>

		<p>public display during the audit.</p> <p>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. Consents were sighted for data collection. Data collected includes ethnicity data.</p> <p>Waterlea Lifecare is not responsible for National Health Index registration of people receiving services.</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>	FA	<p>Residents are welcomed into Waterlea Lifecare when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. Patients enter the service based on documented entry criteria available to the community and understood by staff. The entry process meets the needs of residents. All residents admitted to the secure dementia unit had a specialist's authorisation for placement and were admitted with the consent of their EPOA.</p> <p>A comprehensive welcome pack is provided to all residents on admission, containing information about all facility entry processes, services, and expectations. Whānau/EPOA interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Where a prospective resident is declined entry, clear and documented processes are in place for communicating the decision in a timely manner. Related data is documented and analysed, including decline rates for Māori.</p> <p>The service has developed relationships with the Māori health advisor at the local district hospital, and with staff who identify as Māori, to support Māori and their whānau when entering the service; refer also criterion 1.1.5.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know</p>	FA	<p>The multidisciplinary team works in partnership with the resident and whānau to support wellbeing and optimise quality of life. Eight</p>

<p>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>resident files were reviewed: four rest home and four from the secure dementia unit. All residents were receiving care under the ARRC contract. The files included residents who identified as Māori, residents with cognitive impairment experiencing challenging behaviour, residents with wounds, residents with compromised mobility, residents recently transferred to an acute facility, and residents with several comorbidities.</p> <p>The files verified that a care plan, based on the provider's model of care, was developed by a registered nurse following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, beliefs and preferences, and which considered wider service integration, where required. Care planning for a Māori resident demonstrated culturally sensitive interventions, goals, aspirations, activities, and evaluation based on Te Whare Tapa Whā model of care. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded.</p> <p>Assessments were based on a comprehensive range of clinical assessments and included resident and whānau input as applicable. Timeframes for the initial assessment, medical or nurse practitioner assessment, initial care plan, long-term care plan, and scheduled review timeframes met contractual and policy requirements. All care plans reviewed were well written and personalised, and contained clear goals, interventions, and evaluations. The EPOA or welfare guardian is involved at every step of the assessment, care planning, and review process for residents in the secure dementia unit. Staff demonstrated understanding of how to support Māori and whānau to identify their own pae ora outcomes within the care planning process. This was verified through sampling of resident records and interviews with clinical staff, residents, and whānau/EPOA.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. All residents in the secure dementia unit had a behavioural management plan in place including individual triggers and interventions to manage the resident's</p>
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		<p>needs. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process.</p> <p>Tāngata whaikaha participate in service development through assessments including 'About Me', 'Pastoral Care' and 'Life History' completed by the activities team. Examples of choices and control over service delivery were discussed with staff, tāngata whaikaha, and whānau/EPOA. Tāngata whaikaha and whānau can independently access information.</p> <p>A nurse practitioner was interviewed and stated that they had no concerns. They reported that nurses had the required skills and knowledge, the standard of care was good, and they were called appropriately and in a timely manner.</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 activities programme at Waterlea Lifecare is a strength of the service, particularly in the secure dementia unit. The activities programme supported residents to maintain and develop their interests and was appropriate to their age, abilities, and stage of life. The programme was led by a diversional therapist who was supported by three activities coordinators. The programme runs seven days a week, and rosters confirmed that one of the activities team was dedicated to the secure dementia unit each day.</p> <p>The team demonstrated strong engagement with residents and effective programme planning. When planning the programme, the diversional therapist ensured that activities to meet the six domains of diversional therapy (physical, mental, cognitive, social, emotional and sensory) were included. They also linked the activities to the four pou of Te Whare Tapa Whā and included whānau in activities.</p> <p>The programme was comprehensive and varied, including group and one-to-one activities, spiritual activities such as church services, and a range of indoor and outdoor recreation including walking groups and gardening. The service also facilitated te ao Māori and other cultural activities, including participation in Māori Language Week, and celebrating Matariki and Waitangi Day with cultural activities and an oven hangi. Visiting groups included</p>

		<p>cultural activities such as visits from a local kapa haka group and the Samoan Church.</p> <p>Activity assessments and individual plans clearly identified residents' personal interests and considered their identity, preferences, and ordinary patterns of life. One-to-one sessions were available for residents who were less socially inclined or who preferred individual engagement. Both individual and group activities reflected residents' goals and interests and supported participation in normal community life. Staff discussed opportunities for Māori and whānau to participate in te ao Māori, and community initiatives are responsive to the needs of Māori.</p> <p>All residents in the secure dementia unit had an activities care plan that detailed activities over a 24-hour period to meet the needs of each individual resident. When a member of the activities team was not present, resident activity was supported by care givers. The activities programme in the dementia unit was above that required for full attainment and a rating of continuous improvement is given under criterion 3.3.1.</p> <p>Feedback on the activities programme is regularly sought through resident and whānau feedback mechanisms and residents' meetings. Residents were observed to have a positive rapport with the diversional therapist and activities coordinators. Those interviewed confirmed that the activities programme met their needs.</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>The medication management policy was up to date and aligned with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management, utilising an electronic medication management system, was observed on the day of audit. All staff who administer medicines were appropriately trained, assessed as competent, and authorised to perform this function.</p> <p>Medication reconciliation processes were evident and consistently applied. All medicines sighted during the audit were within current</p>

		<p>use-by dates.</p> <p>Medicines, including controlled drugs, were stored securely in accordance with regulatory and policy requirements. Required stock checks had been completed as scheduled, and medicines were stored within the recommended temperature range, with monitoring records available.</p> <p>Prescribing practices met requirements. Medicine-related allergies or sensitivities were clearly documented, and any adverse events were responded to appropriately and in a timely manner. Over-the-counter medications and supplements were considered and documented by the prescriber as part of each resident's overall medication regimen. The required three-monthly medical or nurse practitioner medication review was consistently recorded on the medicine chart. Standing orders are not used at Waterlea Lifecare.</p> <p>There were no residents self-administering medications at the time of audit. This was discussed with the clinical services manager, who described appropriate processes for this to be safely facilitated when required.</p> <p>Residents, including Māori residents, and their whānau are supported to understand their medications, with education provided by clinical staff as 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>The food service was aligned with recognised nutritional guidelines for people receiving aged residential care. The menu had been reviewed by a qualified dietitian within the last two years, and documentation confirmed that recommendations from this review had been implemented.</p> <p>All aspects of food management complied with current legislation and best-practice guidelines. The service operates under an approved food safety plan and registration with an expiry date of 8 June 2026, with evidence of ongoing monitoring and compliance.</p> <p>Each resident received a comprehensive nutritional assessment on admission. Personal food preferences, special dietary requirements, intolerances or allergies, and modified texture needs were identified</p>

		<p>and accommodated within the daily meal plan. Māori residents and their whānau have access to menu options that reflect te ao Māori, and individual cultural food preferences can be catered for as required.</p> <p>Residents and their whānau had opportunities to be involved in the preparation of food, where appropriate to the service, as part of the activities programme and with the help of the chef.</p> <p>Food and snacks are available 24/7 in the dementia unit.</p> <p>Resident involvement in food preparation including a breakfast club had been established in the secure dementia unit (refer criterion 3.3.1) to enable residents to participate in a traditional cooked breakfast buffet. Residents were able to 'help themselves' with little assistance from staff. The breakfast club had been held on three occasions in 2025.</p> <p>Evidence of resident satisfaction with meals was verified through resident and whānau interviews, satisfaction survey results, and residents' meeting minutes. Residents interviewed stated that the food was good and that they were generally happy with meals. Whānau members also confirmed satisfaction. Residents were observed to be given sufficient time to eat their meals in an unhurried manner, and those requiring assistance received this support respectfully and with dignity.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from Waterlea Lifecare was planned and managed safely, with clear coordination between services and in collaboration with the resident and their whānau/EPOA. Risks and current support needs were identified, documented, and actively managed throughout the process. Where appropriate, options to access other health and disability services, as well as relevant social and cultural supports, were discussed with residents and whānau to support informed decision-making and continuity of care.</p> <p>Whānau/EPOA interviewed reported that they were kept well informed during the transfer of their relative. Where discharges occurred, these were most commonly transfers to an acute facility</p>

		<p>or a move to another facility or the next level of care.</p> <p>Documentation reviewed demonstrated comprehensive assessment and planning for district hospital transfers, and a clearly defined process was in place to support effective communication, clinical handover, and safe transitions between services.</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.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Appropriate systems were in place to ensure the residents' physical environment and facilities (internal and external) were fit for their purpose, well maintained, and that they meet legislative requirements. A planned maintenance schedule included electrical testing and tagging, resident equipment checks, and checking and calibration of clinical equipment. Monthly hot water tests were completed for resident areas; these were sighted and were all within normal limits.</p> <p>The building had a building warrant of fitness with an expiry of July 2026. The facility is considering changing some rooms to hospital-level care; however, this is still a work in progress. Heritage Lifecare directors were aware of the requirement to consult with Māori if this was envisaged.</p> <p>The environment was comfortable and accessible. Corridors have handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs and residents were observed to be safely using these. Spaces are culturally inclusive and suited the needs of the resident groups. Lounge and dining facilities meet the needs of residents, and these are also used for activities. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and common areas have appropriately situated call bells. There are external areas within the facility for leisure activities with appropriate seating and shade including secure areas for residents in the dementia unit.</p> <p>Residents' rooms were of varying sizes, suitable for the resident types, and most allowed space for the use of mobility aids and moving and handling equipment if required. Rooms were personalised according to the resident's preference. All rooms have</p>

		<p>a window allowing for natural light, with safety catches for security. Electric heating is provided in the facility, which can be adjusted depending on seasonality and outside temperature.</p> <p>Residents and whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</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 direct the facility in its preparation for disasters and describe the procedures to be followed. Staff have been trained and knew what to do in an emergency. All registered nurses and some other staff have current first aid certification. There is a first aid certified staff member on duty 24/7. The maintenance person and diversional therapist or activity coordinators who take residents on outings outside the facility have first aid certification.</p> <p>Information on emergency and security arrangements was sighted around the facility, including flip charts, and information is provided to residents and their whānau on entry to the service. All staff were noted to be wearing uniforms and name badges during the audit.</p> <p>The fire evacuation plan was approved by the New Zealand Fire Service in 2003 and the requirements of this are reflected in the Fire and Emergency Management Scheme. A fire evacuation drill is held six-monthly. The most recent drill was in August 2025, when two were held to ensure all staff had attended. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. Alternative essential energy and utility resources are available, should the main supplies fail.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported that staff respond promptly to call bells. Appropriate security arrangements are in place.</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 respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The Heritage Lifecare governing body ensured infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service.</p> <p>Heritage Lifecare has IP and AMS outlined in its policy documents. This is being supported at governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately handled at facility level and to support facilities as required.</p> <p>Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and significant events to the governing body. Clinical specialists can access IP and AMS expertise through Te Whatu Ora. Infection prevention and AMS information is discussed at facility level, and at clinical governance meetings, and is reported to the board at board meetings. Infection prevention and control information presented to the board includes ethnicity data.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. There is an IP and AMS programme in place that has been developed by those with IP expertise, is linked to the quality improvement programme, and has been approved by the Heritage Lifecare governing body. Annual review of the programme was last completed in December 2025 and reporting to governance had occurred.</p> <p>The clinical services manager is the infection prevention and control coordinator (IPCC). They are a registered nurse and are responsible for overseeing and implementing the IP programme with reporting lines to the care home manager and to the Heritage Lifecare regional health care advisor, who is the national IP lead. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice, and/or the advice of the Heritage Lifecare national IP lead, has been sought when making decisions around procurement relevant to care delivery, design of any new building or</p>

		<p>facility changes, and policies.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Cultural advice is accessed where appropriate through the Komiti Māori and facility staff.</p> <p>Residents and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>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 is audited to maintain good practice. Single-use medical devices are not reused.</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>	<p>FA</p>	<p>Responsible use of antimicrobials was actively promoted at Waterlea Lifecare. The antimicrobial stewardship (AMS) programme was appropriate for the size and complexity of the service and was supported by current policies and procedures. The effectiveness of the AMS programme was evaluated through regular monitoring of antimicrobial use, with identification of trends and opportunities for improvement.</p> <p>The IPCC and the resident nurse practitioner were interviewed during the audit and both confirmed that they work collaboratively to minimise unnecessary antibiotic use in older persons. They described a shared approach whereby antibiotics were generally prescribed only when a culture had been sent to the laboratory and/or the resident was clearly symptomatic, in line with best-practice AMS principles.</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>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the aged care services offered and is in line with risks and priorities defined in the infection prevention programme.</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities were described within the IPC framework and aligned with standardised surveillance definitions. Surveillance processes include the routine capture of resident ethnicity data. Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme are shared with staff and reported to the national IP lead and Heritage Lifecare governing body.</p> <p>Communication between service providers and those residents experiencing a health care-associated infection (HAI) is culturally safe.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean, hygienic, and well-maintained environment supported the prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. The facility presented was clean, tidy, and homely throughout the audit, and created a comfortable and welcoming living environment for residents.</p> <p>Staff consistently followed documented policies and processes for cleaning, laundry, and the management of waste and infectious and hazardous substances.</p> <p>The laundry facility, while small, is functional, with clearly defined clean and dirty zones. Staff demonstrated an understanding of correct laundry techniques, including the safe handling, segregation, and processing of soiled and infectious linen, as well as cultural requirements relating to laundry practices.</p> <p>Chemicals were stored safely and in line with policy. Hazardous substances were securely stored and locked away in accordance with safety requirements.</p>

		<p>Laundry and cleaning processes were regularly monitored for effectiveness, with recent audits completed on cleaning, laundry, and kitchen practices. The IPCC had oversight of the environmental testing and monitoring programme. Staff involved in cleaning and laundry duties had completed relevant training and were observed to carry out their roles safely and appropriately.</p> <p>Residents and whānau reported that the laundry was managed well and that the facility was kept clean and tidy. These observations were confirmed by the audit team during site inspection.</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>Maintaining a restraint-free environment within its facilities is the aim of Heritage Lifecare. The governance group demonstrates commitment to this through documented policy and regular reporting requirements. The support group and clinical advisory group (CAG) monitors the use of restraint across the organisation and is chaired by one of the organisation's regional managers, who has responsibility for ensuring that restraint elimination is achieved.</p> <p>The clinical services manager reports to the senior leadership group each month on the activities taken to ensure a restraint-free environment is maintained. The reporting includes staff training, incident reports, health and safety issues for health care and support staff, and any support provided to whānau to explore restraint-free alternatives when restraint is requested for a new admission or due to a change in health status. The regional business manager confirmed that this monthly reporting assists the executive management team to closely monitor the move towards a restraint-free environment for the whole Heritage Lifecare group, and specifically at Waterlea Lifecare.</p> <p>At the time of audit, there was no residents using restraint. Restraint has not been used at Waterlea Lifecare since 2016.</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 1.1.5</p> <p>My service provider shall work in partnership with iwi and Māori organisations within and beyond the health sector to allow for better service integration, planning, and support for Māori.</p>	PA Low	<p>There is evidence of commitment and input from Māori at governance level for planning and aspects of care. The Komiti Māori meeting minutes show that staff are attending meetings and that good information related to Māori was available for staff.</p> <p>At Waterlea Lifecare, there was one resident who identified as Māori, whose cultural needs were met and whose whānau were involved in care planning. The CHM spoke of having had three Māori residents who supported the organisation in its cultural journey, but the residents have since died. The patient advocate who visits three-monthly and the elder abuse social worker both identify as Māori, but they have not been asked to support Waterlea Lifecare in service integration or planning</p>	<p>Heritage Lifecare as an organisation has undertaken extensive work to ensure appropriate services are provided to Māori in its facilities. At Waterlea Lifecare, there was no evidence of current partnership with local iwi and Māori organisations.</p>	<p>Ensure Waterlea Lifecare connects with local iwi and Māori community groups to work in partnership for service integration, planning and support for Māori.</p> <p>180 days</p>

		services. There was no documented evidence of Māori community groups being contacted.		
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## 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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	CI	<p>All residents in the secure dementia unit had an activities care plan that detailed activities over a 24-hour period to meet the needs of each individual resident. When a member of the activities team was not present, resident activity was supported by care givers. The activities programme in the dementia unit was above that required for full attainment and a rating of continuous improvement is given.</p> <p>In addition to the standard activities provided for residents the care home manager and diversional therapist undertook an 'I Did It My Way' food management process for residents in the secure dementia unit. This allowed residents to assist with food preparation to increase appetite, maintain or improve motor skills, and maintain or improve cognition by providing opportunities to use familiar tools and interact with other residents. Events held in 2025 included:</p>	<p>The facility implemented an 'I Did It My Way' food management initiative for residents in the secure dementia unit. This initiative allowed residents to assist with food preparation aimed to increase appetite, maintain or improve motor skills, and maintain or improve cognition by providing opportunities to use familiar tools and interact with other residents. Evaluation confirmed the aims of the initiative were met with clear benefit to residents showing through improved cognitive function and motor skills, increased engagement between residents and improved appetite. A rating of continuous improvement is given.</p>

		<ul style="list-style-type: none"> <li>• Buffet breakfasts where residents were provided with platters of food and able to choose what and how they ate, doing it their way (e.g., jam on bacon or mixing foods as they wished and choosing the quantities they preferred).</li> <li>• Preparing the fillings for toasted sandwiches and toppings for pizzas.</li> <li>• Preparing vegetables for soup.</li> <li>• Preparing and enjoying fruit and cheese kebabs at cocktail hour.</li> <li>• Making pikelets for morning tea.</li> <li>• Self-service ice cream sundaes.</li> </ul> <p>An activity plan and risk assessment was completed for each activity, and each individual activity was evaluated to ensure the residents' needs were met and to identify areas for improvement or modifications required when the event was next held. This ensured the success of each event.</p> <p>Formal evaluation occurred for each event and included feedback from residents, staff and whānau, who stated that the residents were more settled after these events. Evaluation included a review of risks, time allocated, any hazards noted and safety requirements. Results for all events were positive. Residents who did not generally enter into conversation with each other were seen to be more engaged. The preparing of the food in the unit drew the resident to the food preparation area to see what was going on, as well as the aroma. Cognitive function during these events was observed as improved, with interaction between the residents during the preparation and eating of the food, increased and with memories being shared. Improved motor stimulation</p>	
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		<p>of the residents was seen when using kitchen equipment such as tongs and whipping cream and evaluation noted that residents were familiar with the kitchen tools used and needed little assistance. Families were invited to these events, and their feedback was very positive.</p> <p>Photographs taken during the events showed smiling faces and enjoyment of the food. Residents responded positively when asked about the events. Documentation from this initiative was sighted and confirmed the benefits of the programme. This initiative is above that required for full attainment of this criterion both in the activities offered and, in the planning, risk assessment and management of the events. The initiative showed a clear benefit to residents in the dementia care environment, and a rating of continuous is given.</p>	
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End of the report.