Heritage Lifecare (BPA) Limited - Highfield Rest Home

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:	Highfield Rest Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 9 February 2026 End date: 10 February 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: 36

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

Highfield Rest Home provides rest home and hospital level care services for up to 44 residents. On the first day of audit, 36 beds were occupied.

The care home manager has been in the role for one year. This experienced person is a registered nurse and is supported by the clinical services manager, who has been in the role for one month. A team of experienced registered nurses provide additional support, along with staff from the national office.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts held with Te Whatu Ora – Health New Zealand South Canterbury . The process included a pre-audit assessment of policies and procedures, a review of residents' and staff files, observations, and interviews with residents and family/whānau, governance representatives, management, staff, and a general practitioner.

Improvements are required in relation to aspects of resident entry and decline enquiry data and the Fire and Emergency New Zealand–approved evacuation scheme.

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.

Highfield Rest Home (Highfield) 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. Highfield worked collaboratively with internal and external Māori supports 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, family/whānau, and staff interviewed.

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

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

Residents and family/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. Family/whānau and legal representatives were involved in decision-making that complied with the law. Advance directives are followed wherever possible.

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

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 are fully attained.

The organisation is governed by Heritage Lifecare Limited. The board of directors work with the manager at Highfield to monitor organisational performance and ensure ongoing compliance. 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.

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 family/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 was not on public display 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.		Some subsections applicable to this service are partially attained and of low risk.

When residents are admitted to Highfield, a person-centred and family/whānau-centred approach is consistently adopted. Relevant, accurate and appropriate information is provided to prospective residents and their family/whānau at the point of admission to support informed decision-making and facilitate a smooth transition into the service.

Highfield works in partnership with the residents and their family/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 family/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 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.		Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment is tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of 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 understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

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 are fully attained.

The Heritage Lifecare 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 both prevention of infections and 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 are fully attained.

The service is a restraint-free environment. This is supported by the 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.

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, and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	1	1	0	0
Criteria	0	166	0	1	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
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, 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. Input from Māori is supported through the Māori Network 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 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 clinical governance structure (the clinical advisory group) to the board. Highfield can access support through Te Whatu Ora – Health New Zealand South Canterbury, and through local Māori health providers. 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. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. Staff who identified as Māori are employed at all levels of the organisation, including in leadership and training roles. Training on Te Tiriti o Waitangi is part of the HLL 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. Staff reported, and documentation confirmed, that staff have completed cultural safety training.
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 understands the equity issues faced by Pacific peoples and can access guidance from people within the organisation around appropriate care and service for Pacific peoples. Two members of the executive team identify as Pacific people. They can assist the board to meet their Ngā Paerewa obligations to Pacific peoples. There were residents who identified as Pacific peoples at the time of the audit. A Pacific Health Plan is in place that utilises the Fonofale model of care in documenting care requirements for Pacific peoples to ensure culturally appropriate services. The plan has been developed with input from cultural advisers. Highfield has access to local Pacific communities through Te Whatu Ora – Health New Zealand South Canterbury. 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 capacity by employing more Pacific staff members across differing levels of the 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 staff who identified as Pacific peoples in the service. Training on culturally specific care, including care for Pacific peoples, is part of the HLL 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 peoples and in providing equity in care

		services. Staff reported, and documentation confirmed, that staff have completed cultural safety training.
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	Staff interviewed at Highfield 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. Residents and family/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. Advocacy brochures were readily available in the reception area, alongside clear information about the Code in both te reo Māori and English, ensuring accessibility, cultural responsiveness, and respect for Māori rights and values.
Subsection 1.4: I am treated with respect 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	Highfield supports residents in a manner that is inclusive, culturally safe, and respectful of their identity, lived experiences, and personal preferences. Residents and family/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 consulted about what is important to them and were provided with opportunities to share this information, which was then reflected in their care and support.

		Throughout the audit, staff were consistently observed to uphold residents' privacy and dignity in everyday practice. All residents had a private room, and staff were observed routinely knocking on doors, seeking permission before entry, and communicating respectfully to maintain personal dignity and autonomy. 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. 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 family/whānau interviewed reported feeling respected, listened to, and valued in their daily lives. This included Māori and Pacific residents.
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	Staff interviewed at Highfield 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, or neglect identified during the audit through staff interviews, resident and whānau interviews, or documentation reviewed. All residents and family/whānau interviewed reported that they felt well cared for, supported, and safe within their environment at Highfield. Residents' personal property was clearly labelled on admission, and residents and family/whānau confirmed that belongings were treated with respect and safeguarded. Residents' finances are protected, with appropriate safeguarding systems in place. 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. 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.
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 family/whānau reported that communication at Highfield 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 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. Residents with a disability confirmed that communication met their needs. Changes to residents' health status were communicated to family/whānau in a timely manner, and family/whānau confirmed they were kept appropriately informed. Family/whānau 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. Two general practitioners interviewed confirmed that communication from staff was timely, appropriate, and included all relevant information. 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. Staff demonstrated knowledge of how to access interpreter services when required to support effective communication and informed participation.
Subsection 1.7: I am informed and able to make choices 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 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, family/whānau were included in decision-making and were enabled to do so through access to quality information, advice, and relevant resources. Where a resident was unable to make informed choices, an enduring power of attorney (EPOA) or welfare guardian was appropriately appointed in accordance with the law, and all relevant legal documentation was available, current, and accessible within the resident's record. Residents were still supported to be involved in decisions wherever possible, even when a legal representative was acting on their behalf. 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. 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 family/whānau and documented in the resident record where applicable.

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 is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents and family/whānau understood their right to make a complaint and knew how to do so. The complaint policy and associated forms along with a collection box were at reception. The information is provided to residents and family/whānau on admission. The Code is available in te reo Māori and English. The care home manager (CHM) is responsible for complaints management and follow-up. A review of the complaints register showed that actions taken, through to an agreed resolution, are documented and completed within the required timeframes. All complaints had been closed. Complainants had been informed of findings following investigation. There have been no complaints received from external sources since the previous audit. Staff reported they knew what to do should they receive a complaint. Minor concerns are logged in the complaints register. Entries were observed to be addressed and signed off by the CHM. The CHM advised and documentation evidenced there was a process in place to manage complaints from Māori using hui, appropriate tikanga, and/or te reo Māori as applicable. Staff who identify as Māori, and the local iwi would also be available if needed. There have been no complaints received by Māori to date.
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 partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.	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 o Waitangi, and being focused on improving outcomes for Māori, Pacific peoples, and tāngata whaikaha. Heritage Lifecare has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. Information garnered from these sources

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.		translates into policy and procedure. Equity for Māori, Pacific peoples 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, infection prevention and control). Heritage Lifecare also utilises the skills of staff and senior managers and supports them in ensuring that barriers to equitable service delivery are surmounted. The organisation is committed to supporting a person- and family/whānau-centred health and disability service. Heritage Lifecare has a strategic plan in place that outlines the organisation's structure, purpose, values, scope, direction, performance, and goals. The plan incorporates the Ngā Paerewa Standard in relation to antimicrobial stewardship (AMS) and restraint elimination across ethnicity. Ethnicity data is collected to support equitable service delivery. The Highfield 2025/2026 business plan, reviewed quarterly, describes annual and longer-term objectives, and was sighted. The 2026 quality goals were also sighted. The care home manager (CHM), who has been in the role for one year, is a RN and has 30 years' experience in health administration roles. A clinical services manager (CSM) overseas the clinical care provided at Highfield. This person, who has aged care experience, has been in the role for one month. Support is provided by the regional clinical quality manager (RCQM) and the regional business manager (RBM), who were both on site during the audit. 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. Internal data collection, for example adverse events, infections, audits, and complaints are aggregated, and corrective actions at facility level are actioned. Feedback is provided to the clinical governance group and to the board. Changes are made to business and/or the strategic plans as required. Job/role 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 HLL, it 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 CHM reports to the regional business manager (RBM). The RBM reported that adequate information to monitor performance was provided, and that they were well informed on progress, quality and risk. Heritage Lifecare supports people to participate locally through resident meetings, 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. Directors of HLL have undertaken the e-learning education on Te Tiriti, health equity, and cultural safety provided by Manatū Hauora (Ministry of Health). The clinical governance structure in place is appropriate to the size and complexity of the service. The clinical team, guided by the clinical advisory group and the CSM, discuss clinical indicators including medication errors, complaints, compliments, training, and infections. Meeting minutes were sighted. Highfield Lifecare holds contracts with Health New Zealand – Te Whatu Ora South Canterbury to provide residential care services under the age-related residential care agreement (ARRC) for up to 44 residents requiring rest home or hospital level of care. Highfield also has contracts to provide end of life and respite care. On the day of audit, 36 residents receiving care. Twenty residents were receiving rest home–level care, including two residents with individual contracts under the long-term mental health contract. Current service authorisations were sighted for these two residents. Additionally, one resident receiving rest home–level care was partially

		funded by ACC. Sixteen residents were receiving hospital-level care. The CHM reported that interRAI assessments are completed for LTS-CHC, short-term contracts, EOL, respite end-of-life contracts, although they are not required for the latter two.
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 has 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. Residents and staff contribute to quality improvement through the ability to give feedback at meetings and in surveys. The CHM reported that residents have three-monthly meetings facilitated by an independent advocate. Minutes evidenced that residents were happy with their care. A residents' satisfaction survey completed during February 2025 showed that residents were satisfied with the level of care provided. An action plan was sighted. The CHM reported that residents were informed of the outcome at the residents' meeting. The last staff survey completed during September 2025 evidenced that staff were very satisfied. The CHM reported that staff were informed of the results at a roadshow led by staff from the Heritage management. The gratitude board was developed following the staff survey, whereby staff express written gratitude, and the employee of the month is then named. The gratitude board, written gratitude notes, and employee of the month were sighted. A sample of quality and risk-related meeting minutes was reviewed and confirmed there have been regular reviews and analysis of quality indicators, and that related information is reported and discussed. This was confirmed by staff at interview. A sample of meeting minutes evidenced comprehensive reporting. Trends are graphed and displayed on notice boards in public and staff areas. The CHM is responsible for quality. Quality improvement initiatives include reducing the number of falls through staff training and

		awareness and improving the residents' dining experience. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. The 2025 and 2026 internal audit schedules were sighted. A sample of completed audits, including care planning audits, with a result of 87.4% was sighted. Comprehensive relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. The CHM understood the processes for the identification of external and internal risks, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Staff reported at interview that they knew to report risks. Potential inequities are identified and addressed through training, care planning, and communicating with the resident. The risk register was current and sighted. The CHM was not aware of any outstanding issues, and none were identified during the audit. 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. The CHM and CSM understood and have complied with essential notification reporting requirements. Four Section 31 notifications completed in the last 12 months were sighted. Two related to the change of CSM, one related to the change of CHM, and one related to a resident leaving the property unescorted. Strategies, including a reassessment of needs, were put in place to minimise the risk of this reoccurring. The CHM was aware of reporting to the Health Quality & Safety Commission, although no reports have been made in the last 12 months. There have not been any coroners' inquests, or issues-based audits. Staff are supported to deliver high-quality health care to residents who

		identify as Māori through, for example, training, including cultural safety training, cultural assessments, care planning, handover, and communicating with the resident and family/whānau. Staff reported they are learning te reo Māori and gave examples of tikanga. Critical analysis of organisational practices to improve health equity is occurring, with appropriate follow-up and reporting. The CSM reported, and evidence was sighted, of critical analysis of practices. The CSM reported that medication errors and rates of infection results were high compared to other Heritage facilities. The CSM described actions to mitigate the risk and reduce the rates. Graphs and narratives were sighted.
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 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). A Safe Rostering tool was used. The facility adjusts staffing levels to meet the changing needs of residents. A review of three weekly rosters confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents interviewed supported this. There is always at least one staff member on duty who has a current first aid certificate, and there is 24/7 RN coverage in the hospital. There are staff who have worked in this care home for between one month and at least 23 years. An after-hours on-call system is in place, with the CSM and CHM sharing the role to provide support 24/7. Staff reported that good access to advice is available when needed. The CHM described the recruitment process, which ensures staff have the skills, attitudes, qualifications, experience, attributes and referee and police vetting checks to meet the needs of the people being supported. Continuing education is planned on an annual basis and includes mandatory training requirements. Staff reported at interview, and documentation confirmed, that staff have received training to care for

		hospital-level care residents, including manual handling and hoisting, palliative care, syringe driver, dementia, fire evacuation, restraint-free training, medication, and the Code of Rights. The CHM reported, and staff confirmed, that staff hold Level 3 and 4 New Zealand Qualifications Authority (NZQA) education qualifications to meet the requirements of the provider's agreements with Health New Zealand – Te Whatu Ora (Te Whatu Ora). Staff reported attending training. Evidence was sighted that all clinical staff have received education in the least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and de-escalation techniques, and have a current restraint competency as required by HLL policy. Evidence was sighted that staff have completed the training competencies required by the Heritage Lifecare policy in full, including confirmation of knowledge and completion of the practical observation of competency where this is a requirement. Staff confirmed the training at interview. Meetings are held with the resident and their family/whānau to discuss and sign care plans. Residents' meetings are held bi-monthly and are an opportunity for people to discuss and express opinions on aspects of the service. Minutes evidenced that people are happy with the meals, laundry, care, cleaning, maintenance and gardens. Minutes of meetings with an independent advocate were sighted. The collection and sharing of high-quality Māori health information across the service is through policy and procedure, resources, appropriate care planning using relevant models of care, resident and family/whānau engagement, and through staff education. The CHM reported that, where health equity expertise is not available, external agencies are contacted to support in the development of health equity expertise for health care and support workers. For example, Te Whatu Ora gerontology staff, palliative care, and wound care. Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying and harassment. An employee assistance programme (EAP) is available to staff who may require extra support. Staff described support provided

		by the CHM and expressed how grateful they were.
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 are based on good employment practice and relevant legislation. A sample of 10 staff records reviewed confirmed the organisation's policies are being consistently implemented. Position descriptions were documented and were sighted in the files reviewed. Qualifications were validated prior to employment and then checked and documented annually. Current annual practicing certificates were sighted for the nine RNs, five pharmacists, the dietitian, nine general practitioners, and the podiatrist. The DT's Level 4 NZQA certificate was sighted. Staff reported that the orientation programme prepared them well and includes all necessary components relevant to the role. Staff described their orientation and that they are buddied with an experienced staff member for as long as necessary to ensure competency. Evidence of this was seen in files reviewed. Staff confirmed that performance is reviewed and discussed during and after orientation, and annually thereafter. Completed reviews were sighted. Information held about staff is accurate, relevant, secure, stored, and archived confidentially. Electronic data is username- and password-protected. Information is available only to those authorised to use it. Ethnicity data is recorded and used in accordance with Health Information Standards Organisation (HISO) requirements. Debrief for staff is outlined in policy; staff interviewed confirmed that the opportunity for debrief and support is available to them. Staff reported that incident reports are discussed at staff meetings. They can be involved in a debrief and discussion and receive support following incidents, to ensure wellbeing.
Subsection 2.5: Information	FA	The service maintains quality records that comply with relevant legislation, health information standards, and professional guidelines.

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.		Most information is held electronically and is username- and password-protected. Any paper-based records are held securely and available only to authorised users. Information is accessible for all those who need it. All necessary demographic, personal, clinical and health information was fully completed in the staff and residents' files sampled for review. Clinical notes were current, integrated and legible, and met current documentation standards. Files for residents and staff are held securely for the required period before being destroyed. Highfield is not responsible for National Health Index registration of people receiving services.
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.	PA Low	Residents are welcomed into Highfield 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. Residents enter the service based on documented entry criteria available to the community and understood by staff. The entry process meets the needs of residents. A comprehensive welcome pack is provided to all residents on admission, containing information about all facility entry processes, services, and expectations. Family/whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission. Where a prospective resident is declined entry, clear and documented processes are in place for communicating the decision in a timely manner. However, the Heritage Lifecare policy for documenting enquiries was not being followed and, as a result, entry and decline data was incomplete; refer criterion 3.1.5. The service has developed relationships with the Māori health advisor at the local district hospital and Arowhenua Marae support services to support 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 works in partnership with the resident and family/whānau to support wellbeing and optimise quality of life. Seven resident files were reviewed: three receiving hospital-level care and four rest home care. Files included residents receiving care under the ARRC contract and two receiving care under individual mental health contracts for rest home–level care. The files included residents who identified as Māori and Pacific, a resident with a chronic wound, residents with diabetes, residents with compromised mobility, residents recently transferred to an acute facility, and residents with several co-morbidities. 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 and a Pacific resident demonstrated culturally sensitive interventions, goals, aspirations, activities, and evaluation. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded. Assessments were based on a comprehensive range of clinical assessments and included resident and family/whānau input as applicable. Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan, and scheduled review timeframes met contractual and policy requirements. All interRAI assessments were up to date and file review confirmed these are completed at six-monthly intervals as required by the provider's contract with Te Whatu Ora. All care plans reviewed were well written and contained clear goals, interventions, and evaluations. Staff demonstrated understanding of how to support Māori and whānau to identify their own pae ora outcomes within the care planning process. This was verified through sampling of resident records and interviews with clinical staff, residents, including Māori, and whānau. 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. 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. Tāngata whaikaha participate in service development through assessments including “About Me”, “Pastoral Care” and “Life History”. Examples of choices and control over service delivery were discussed with staff, tāngata whaikaha, and whānau. Tāngata whaikaha and whānau can independently access information. Two general practitioners were interviewed and stated that the standard of care was good at Highfield, they felt the nurses had the required skills and knowledge, identified when a resident’s needs changed, and called for medical review when appropriate.
Subsection 3.3: Individualised activities 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.	FA	The activities programme at Highfield 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 is supported by an activities coordinator and volunteers. They demonstrated strong engagement with residents and effective programme planning. The activities 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 van outings, 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. 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. Activities such as poi making and flax weaving had been supported by Māori whānau of residents. Feedback on the activities programme is regularly sought through resident feedback mechanisms and residents’ meetings. Residents

		were observed to have a positive rapport with the diversional therapist and reported there was enough going on to keep them occupied. Those interviewed confirmed that the activities programme met their 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 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. Medication reconciliation processes were evident and consistently applied. All medicines sighted during the audit were within current use-by dates. 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. 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 practitioner medication review was consistently recorded on the medicine chart. Standing orders are not used at Highfield. There were no residents self-administering medications at the time of audit. This was discussed with registered nurses, who described appropriate processes for this to be safely facilitated when required. Residents, including Māori residents, and their whānau are supported to understand their medications, with education provided by clinical staff as required.

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 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. 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 21 June 2026, with evidence of ongoing monitoring and compliance. Each resident received a comprehensive nutritional assessment on admission. Personal food preferences, special dietary requirements, intolerances or allergies, and modified texture needs were identified 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. Residents had opportunities to be involved in the preparation of food, where appropriate to the service, as part of the activities programme. Evidence of resident satisfaction with meals was verified through resident and family/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. Family/whānau members also confirmed satisfaction, including family/whānau who regularly ate meals with their relative. Residents were observed to be given sufficient time to eat their meals in an unhurried manner, and those requiring assistance received this support respectfully and with dignity.
Subsection 3.6: Transition, transfer, and discharge 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.	FA	Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and family/whānau. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate.

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.		Interview with a resident recently returned from an acute facility confirmed that they and their family/whānau were kept well informed during the transfer. Documentation accompanied the resident to guide the acute facility on the resident's needs. The transfer records verify the transfer was managed in a safe, timely and seamless manner, including the transfer back from the acute facility. The resident stated they were pleased to be back home at Highfield.
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 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 1 May 2026. 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 suit 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. Some bedrooms have their own toilets, and several rooms share a bathroom between the rooms, with residents agreeing to this prior to admission. The remaining few residents use the communal facilities. 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. Residents' rooms were spacious and allowed room for the use of mobility aids and moving and handling equipment if required. Rooms

		are personalised according to the resident's preference. All rooms have 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. Residents, staff and family/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. There were currently no plans for further building projects requiring consultation, but Heritage Lifecare directors were aware of the requirement to consult with Māori if this was envisaged.
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.	PA Moderate	Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. There is a first aid certified staff member on duty 24/7 and the DT who takes residents on outings outside the facility has first aid certification. Information on emergency and security arrangements is provided to residents and their family/whānau on entry to the service. All staff were noted to be wearing uniforms and name badges during the audit. The fire evacuation plan was approved by the New Zealand Fire Service on 29 November 2005. There was no evidence from fire and emergency New Zealand that the evacuation scheme needed to be updated to encompass the evacuation of hospital level care residents or that it did not need to be updated. A corrective action has been raised; refer criterion 4.2.1. The last fire evacuation drill was completed on 25 August 2025. Staff reported, and documentation confirmed, that staff have been trained in the evacuation of residents. Call boxes, hose reels, floor plans, sprinklers, alarms, exit signs, and fire action notices were sighted. The orientation programme includes fire and security training. Staff files evidenced that staff were trained in emergency procedures. Staff confirmed their awareness of the emergency procedures and attend regular fire drills. Staff reported attending fire safety training, and

		records confirmed this. Call bells alert staff to residents requiring assistance. Residents and family/whānau reported that staff respond promptly to call bells. The call bell system was being upgraded at the time of the audit. Adequate supplies for use in the event of a civil defence emergency, including dry food, medical supplies, personal protective equipment (PPE), and a gas BBQ were sighted. Supplies were checked on 21 January 2026. Alternative essential energy and utility resources are available, should the main supplies fail. Sufficient water is stored and was sighted. This meets the National Emergency Management Agency recommendations for the region. Appropriate security arrangements are in place. External doors are locked and are checked throughout the evening and night shift. Residents are informed of the emergency and security arrangements at entry. Residents, family/whānau, and staff were familiar with emergency and security arrangements.
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	The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly. Heritage Lifecare has IP and AMS 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. Clinical specialists can access IP and AMS expertise through Te Whatu Ora, GPs, and the RCQM. 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.

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 infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. There is an infection prevention and antimicrobial stewardship 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 last occurred in December 2025 and reporting to governance had occurred. The infection prevention and control coordinator (IPCC) is a registered nurse and is responsible for overseeing and implementing the IP programme with reporting lines to the CSM and CHM and to the Heritage Lifecare RCQM, who is the national IP lead. The IPCC has appropriate skills, knowledge and qualifications for the role. They were unavailable for interview. The CSM 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 facility changes, and policies. 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 Heritage Lifecare Komiti Māori and staff. Residents and their family/whānau are educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori. 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. 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.

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 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.	FA	Responsible use of antimicrobials was actively promoted at Highfield. 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. The CSM and RBM interviewed described actions taken to ensure the responsible use of antimicrobials and to minimise unnecessary prescribing. They described a shared approach whereby antibiotics were generally prescribed only when a culture had been sent to the laboratory and/or the resident was clearly symptomatic, in line with best-practice AMS principles.
Subsection 5.4: Surveillance of health care-associated infection (HAI) 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) 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. Surveillance methods, tools, documentation, analysis, and assignment of responsibilities were described within the IP 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. Communication between service providers and those residents experiencing a health care-associated infection (HAI) is 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	FA	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. Staff consistently followed documented policies and processes for

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.		cleaning, laundry, and the management of waste and infectious and hazardous substances. Chemicals were stored safely and in line with policy. Hazardous substances were securely stored and locked away in accordance with safety requirements. The laundry facility 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. Laundry and cleaning processes were regularly monitored for effectiveness, with recent audits completed on cleaning, laundry, and kitchen practices. The IPCC and CSM 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. Residents and family/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.
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	Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this through documented policy and regular reporting requirements. The 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 minimisation is achieved. The CHM, who is a RN, is the restraint coordinator at Highfield, providing support and oversight for any restraint management should it be used. Their position description was sighted. The CHM is involved in the purchase of equipment should it be needed. Policies and procedures met the requirements of the standard. Current competencies evidenced that all clinical staff have received education in the least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and de-escalation

		techniques, as required by HLL policy. Care givers reported that orientation and ongoing education included aspects of safe restraint training, including restraint-free training, and management of challenging behaviours. Care givers reported at interview, and documentation confirmed, that care givers hold current restraint competencies. At the time of audit, there were no residents using restraint. Minutes reviewed evidenced nil restraint reported. Given there has been no restraint reported to governance since the last audit, subsections 6.2 and 6.3 have not been audited.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 3.1.5 Service providers demonstrate routine analysis to show entry and decline rates. This must include specific data for entry and decline rates for Māori.	PA Low	Heritage Lifecare facilities utilise an electronic system to record enquiries and to record ongoing communication with the potential resident and their whānai. The system enables the entry of data including ethnicity. At Highfield this system was not being used, and enquiries were being documented on paper. The CHM discussed three potential enquiries which resulted in the facility declining to admit the resident; all were for valid reasons, and this was communicated to the person and to the referrer. However, data related to declined admissions was not documented fully and ethnicity was not being recorded in relation to enquiries. As a result, data available to head office was not complete and analysis of entry and decline data, including for Māori, was not accurate.	Data related to enquiries was not fully recorded and data used for routine analysis of entry and decline rates, including for Māori, was not complete.	Ensure accurate information and data is available to enable analysis of entry and decline data, including for Māori. 180 days

Criterion 4.2.1 Where required by legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.	PA Moderate	The existing fire evacuation plan was approved by the New Zealand Fire Service on 29 November 2005 and the requirements of this are reflected in the fire and emergency management scheme. There was no evidence from fire and emergency New Zealand that the evacuation scheme needed to be updated to encompass the evacuation of hospital level care residents or that it did not need to be updated. Evidence was sighted of a quote dated 4 September 2024 to renew the fire and emergency approved scheme; however, this had not been followed through. A fire evacuation drill is held six-monthly, with the most recent drill being on 25 August 2025 and the next is scheduled for 16 February 2026. Staff reported, and documentation confirmed, that staff have been trained in the evacuation of residents.	There was no evidence that the evacuation scheme encompassed the evacuation of hospital-level care residents.	There was no evidence from fire and emergency New Zealand that the evacuation scheme needed to be updated to encompass the evacuation of hospital level care residents or that it did not need to be updated. 90 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.