

Jonwell Healthcare Group Limited - Alexander House 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 BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

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

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

The specifics of this audit included:

Legal entity:	Jonwell Healthcare Group Limited	
Premises audited:	Alexander House Rest Home	
Services audited:	Rest home care (excluding dementia care)	
Dates of audit:	Start date: 28 January 2026	End date: 28 January 2026
Proposed changes to current services (if any):	None	
Total beds occupied across all premises included in the audit on the first day of the audit:	16	

Executive summary of the audit

Introduction

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

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

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Alexander House Rest Home is privately owned. There are two owners, who are the clinical facility manager (a registered nurse) and the operations manager. Both manage the governance of the facility. They have owned Alexander House Rest Home since April 2025. The clinical facility manager, who is a registered nurse holds a dual role as owner/director and clinical facility manager, providing direct governance oversight alongside day-to-day operational and clinical leadership.

The facility provides rest home level of care for up to 20 residents. On the day of audit there were 16 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand and the Accident Compensation Corporation (ACC). The audit process included the review of policies and procedures; the review of residents and staff files, observations; and interviews with residents, family/whānau, management and staff.

There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The certification audit did not identify any shortfalls.

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.

Alexander House Rest Home provides an environment that supports residents' rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan. The service works collaboratively to embrace, support and encourage a Māori view of health and provide high-quality and effective services for residents. The service care philosophy focuses on achieving equity and efficient provision of care for all ethnicities, including Pacific residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Alexander House Rest Home provides services and support to people in a way that is inclusive and respects their identity and their experiences. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are now implemented, and complaints and concerns are managed.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The business plan includes a mission statement, values, and operational objectives. The service has effective quality and risk management systems in place that take a risk mitigation-based approach. These systems are in place to meet the needs of the

residents and staff. Quality improvement projects are implemented. Internal audits, meetings, and the collection/collation of data were documented as taking place as scheduled, with corrective processes implemented where applicable. Health and safety processes are in place, led by the nurse manager. Health and safety is a regular agenda item in all meetings. Contractors and staff are orientated to health and safety processes.

There is a staffing and rostering policy. Safe staffing levels are provided. There are human resources policies including recruitment, selection, and orientation. The service has an orientation programme documented that provides new staff with relevant information for safe work practice.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

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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There is an admission package available prior to or on entry to the service. The registered nurse and clinical facility manager are responsible for each stage of service provision. The registered nurse and clinical facility manager assess, plan, and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the nurse practitioner and visiting allied health professionals.

Discharge and transfers are coordinated and planned. Medication policies reflect legislative requirements and guidelines. The registered nurse and medication competent care support staff are responsible for administration of medicines. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the nurse practitioner.

The activities support provides and implements a varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Residents' food preferences and dietary requirements are identified at admission, and all meals are cooked on site. The service has a current food control plan.

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.
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The building has a current building warrant of fitness. There is an annual preventative maintenance plan. Rooms are spacious to provide personal cares. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. There is adequate space throughout the facility for residents to move around freely with mobility aids. All rooms are single occupancy with a handbasin in rooms and two rooms have shared full ensuite. All communal areas and resident rooms have natural light.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency, including a pandemic. At least one staff member trained in resuscitation skills and first aid is always on duty. The appropriate security measures are undertaken.

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.

Infection prevention management systems are in place to minimise the risk of infection to residents, staff, and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

The service has a robust pandemic and outbreak management plan in place. Outbreak response procedures are included to ensure screening of residents and sufficient supply of protective equipment. There have been no out breaks reported.

There are documented processes for the management of waste and hazardous substances in place. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The restraint coordinator is the clinical facility manager who is a registered nurse. There was no restraint in use at the time of the audit and maintaining a restraint-free environment is included as part of the education and training plan. Elimination and a restraint-free environment is supported by the governing body and policies and procedures. The staff implements appropriate de-escalation techniques for behaviours and alternative interventions to maintain a restraint-free environment.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Alexander House Rest Home identifies and responds to the values, beliefs, and needs of Māori consumers and their whānau through a person-centred, strengths-based model of care that incorporates Te Whare Tapa Whā and promotes mana motuhake (independence and self-determination). There are documented links with Te Runanga o Ngati Raukawa and Ngā Kaitiaki O Ngāti Kauwhata Inc.</p> <p>There were no residents or staff who identified as Māori at the time of audit.</p> <p>The organisational Māori health plan identifies the service is committed to enabling the achievement of equitable health outcomes between Māori and non-Māori residents. This is achieved by applying Te Tiriti o Waitangi principles and enabling residents and their family/whānau to direct their care in the way they choose. The document is based around implementing the principles of Te Whare Tapa Whā, which will ensure the wellbeing of the resident and their family/whānau are enabled.</p> <p>Interviews with two managers, who are the two co-owners/directors (clinical facility manager and operations manager, and staff (one registered nurse, two health care assistants, one office manager, kitchen manager, and maintenance person) described examples of</p>

		<p>providing culturally safe services in relation to their role.</p> <p>Interviews with the clinical facility manager identified the service is focused on delivering person-centred care, which includes operating in ways that are culturally safe. The service accesses online training and direct training that covers cultural diversity and cultural awareness, safety, and spirituality training, which support the principles of Te Tiriti o Waitangi.</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>	FA	<p>Alexander House Rest Home ensures cultural safety for Pacific peoples through a person-centred, strengths-based approach that recognises and respects Pacific values, beliefs, family structures, spirituality, and cultural identity. This is guided by the Pacific-Peoples-Culture-and-General-Ethnicity-Awareness-Policy and plan. At the time of the audit there were no staff or residents that identified as Pasifika.</p> <p>On admission all residents state their ethnicity, which is recorded in their individual files. The clinical facility manager and RN advised that family/whānau members of Pacific residents are encouraged to be present during the admission process, including completion of the initial care planning processes and ongoing reviews and changes. Individual cultural and spiritual beliefs for all residents are documented in their care plan and activities plan.</p> <p>The clinical facility manager and operations manager confirmed how they would support staff that identify as Pasifika through the employment process. Applicants who apply for positions are always provided with an opportunity to be interviewed. The service has Pacific linkages through Pasifika Health Service - THINK Hauora located in Palmerston North.</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>	FA	<p>Policies and procedures, developed by an external consultant, are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their family/whānau. The Code is displayed in multiple locations in English and te reo Māori.</p>

<p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Resident and family/whānau meetings provide a forum to discuss any concerns. The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive training about the Code, which begins during their induction to the service. This training continues through the mandatory staff education and training programme, which includes a competency questionnaire.</p> <p>Four residents and one family whanau interviewed stated they felt their rights are upheld and they are treated with dignity, respect, and kindness. The residents and family/whānau felt they were encouraged to make their own choices. Interactions observed between staff and residents are respectful. Healthcare assistants (HCA) and the registered nurse interviewed described how they support residents to choose what they want to do and be as independent as they are able. The service recognises Māori mana motuhake through the development of a Māori specific care plan to promote and respect independence and autonomy, as indicated for Māori residents. The clinical facility manager and RN described their awareness of how to support Māori residents and their whānau by identifying what is important to them, enabling self-determination and authority in decision-making that supports health and wellbeing.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Healthcare assistants interviewed described how the rosters are flexible to meet each resident's needs. Staff receive training on the Code at orientation and through the on-line training. Residents choose whether they would like family/whānau to be involved. Interviews with staff confirmed they understand what Te Tiriti o Waitangi means to their practice and examples were provided in interview. There are a range of cultural safety policies in place, including access to kaumātua, tikanga Māori (Māori Culture), best practice and providing services for Pacific Elders and other ethnic groups.</p> <p>Alexander House Rest Home delivers training that is responsive to the diverse needs of people accessing services, which include (but is not limited to): sexuality/intimacy, informed consent, the Code, abuse and</p>

		<p>neglect, advocacy, spirituality, and cultural safety.</p> <p>The HCAs and registered nurse described how they implement a rights-based model of service provision through their focus on delivering a person-centred model of care. The recognition of values and beliefs policy is implemented, and staff interviewed could describe professional boundaries, and practice this in line with policy. Spiritual needs are identified, and church services are held. It was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. Residents and a family whanau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity.</p> <p>The care planning process is resident focused, with resident and family/whānau input. During the development of the resident's care plan on admission, residents' values, beliefs, and identity are captured in initial and ongoing assessments. Cultural assessments were evident on files reviewed. Electronic care plans identified resident's preferred names. There were no residents who identified as Māori at the time of audit. Staff interviewed demonstrated an understanding of how to respond to tāngata whaikaha needs and enable their participation in te ao Māori. The service promotes service delivery that is holistic and collective in nature through educating staff about te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The professional boundaries policy is implemented. Policies are in place that support residents' rights; they uphold the right to be treated fairly and with respect, free from discrimination, harassment, and exploitation. Police checks are completed as part of the employment process. A staff code of conduct/house rules is discussed during the new employee's induction to the service and is signed by the new employee. Professional boundaries are defined in job descriptions. Interviews with the registered nurse and HCAs confirmed their understanding of professional boundaries, including the boundaries of</p>

		<p>their role and responsibilities. Professional boundaries are covered as part of orientation. The abuse and neglect policy is implemented. Staff interviewed could easily describe signs and symptoms of abuse they may witness and were aware of how to escalate their concerns.</p> <p>Residents have enduring power of attorney for finance and wellbeing documented in their files as needed. Residents and family/whānau have written information on residents' possessions and accountability management of resident's possessions within the resident's signed service level agreement. The service implements a process to manage residents' comfort funds. Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing and to improve outcomes for Māori staff and Māori residents. The service provides education on cultural safety, and boundaries. Cultural days are held to celebrate diversity. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. All residents interviewed confirmed that the staff are very caring, supportive, and respectful. One family whanau interviewed confirmed that the care provided to their family members is of a high standard.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information regarding the service is provided to residents and family/whānau on admission. Quarterly resident meetings identify feedback from residents and consequent follow up by the service. A family/whānau interviewed explained they are well informed. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if family/whānau have been informed (or not). This is also documented in the progress notes. The accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with a family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit all residents were to communicate in English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and</p>

		<p>the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as hospice and Health New Zealand specialist services (e.g., dietitian, speech and language therapists, and wound nurse specialist). The delivery of care includes a multidisciplinary team review. Residents and family/whānau provide consent and are communicated with regarding services involved. The clinical facility manager and registered nurse described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies implemented in relation to informed consent. Informed consent processes are discussed with residents and family/whānau on admission. Five electronic resident files were reviewed which evidenced signed consent forms. The written general consents were signed appropriately as part of the admission process by the resident or activated enduring power of attorney (EPOA) where applicable. Specific consent forms were in place for procedures such as influenza and Covid-19 vaccines. Discussions with care staff confirmed that they are familiar with the requirements to obtain informed consent.</p> <p>The admission agreements are appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic records and activated as applicable for residents assessed as incompetent to make an informed decision.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans. Interviews with family/whānau identified that the service actively involves them in decisions that affect the resident's lives. Staff have received training on cultural safety and tikanga best practice. Training has been provided to staff around the HDC Code and informed</p>

		consent, as part of orientation and mandatory training.
<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>	FA	<p>The complaints policy is documented and aligns with and reflects the principles of the Code. The clinical facility manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within the required timeframes.</p> <p>Concerns and complaints are and agenda item to be discussed at relevant meetings. There have been no complaints received in the last year. The complaints process includes the requirement for acknowledgement of the lodged complaint and an investigation and communication with the complainant/s.</p> <p>Interviews with residents and a family/whānau confirmed they have been provided with information on the complaints process. Complaint forms are easily accessible on noticeboards throughout the facility, with advocacy services information provided at admission and as part of the complaint resolution process. Information about the support resources for Māori is available to staff to assist Māori in the complaints process.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Alexander House Rest Home is privately owned. The two owners are the clinical facility manager who is a registered nurse (RN) and an operations manager. Both manage the governance of the facility. They have owned Alexander House Rest Home since April 2025. They both own another care facility in New Zealand. The governance role, responsibilities, and authority are defined within the organisation management (OM) framework and provides clarity around the strategic direction, compliance with legislation and oversight of quality, risk, and service delivery.</p> <p>The facility provides rest home level of care for up to 20 residents. On the day of audit there were 16 residents. All residents were under the age-related residential care (ARRC) agreement except a respite resident. There were no married couples at the time of audit. There are two double/shared rooms; however, at time of audit they were single occupation.</p>

		<p>The clinical facility manager, who is a registered nurse holds a dual role as owner/director and clinical facility manager, providing direct governance oversight alongside day-to-day operational and clinical leadership. The clinical facility manager and operations manager have both completed at least eight hours of professional development related to managing a rest home. They are supported by a full-time registered nurse and a full-time office manager. The clinical facility manager, the operations manager and the office manager are the designated governance team who formally meet quarterly and are all part of the day-to-day leadership team as well.</p> <p>It was confirmed in interview with the two owners (the clinical facility manager and the operations manager) that they have both completed cultural training. They explained how they demonstrate expertise in Te Tiriti o Waitangi, health equity, and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. The business/strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The Alexander House Rest Home business plan for 2025 /26 includes site specific objectives and goals related to business and quality outcomes.</p> <p>Working practices at Alexander House Rest Home are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha. Information is reported through to the owner/directors monthly from the nurse manager. This includes monitoring of goals and performance in key areas in the strategic plan, including care and service provision, and achievement of financial targets. A clinical governance structure appropriate to the size and complexity of the organisation is in place.</p> <p>The Māori and Pasifika Health Plans provide a framework to identify and address issues to ensure a safe living and working environment is developed and maintained for all. Cultural compliance includes tracking of ethnicity data for residents via established electronic systems.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Alexander House Rest Home is implementing the documented quality and risk system. Quality goals are documented and progress towards quality goals has been reviewed and discussed quarterly management (quality) meetings. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The service actively looks for opportunities to improve services through quality initiatives.</p> <p>Staff at Alexander House Rest Home have received cultural training, including cultural sensitivity awareness, with resources made available on the intranet, to ensure a high-quality service is provided for Māori and other residents with diverse ethnicities.</p> <p>Monthly staff meeting document discussion around (but not limited to): incidents and accidents, infection control, complaints (if any) health and safety, maintenance issues. restraint (if any), internal audits, resident care, and feedback from the resident meetings. There are quarterly managers meetings. Discussions include (but are not limited to): occupancy, incidents and accidents, infection control,- including a review of antimicrobial use, complaints (if any), clinical review of residents, restraint (if any), food services, internal audit results and action plans, health and safety (including facility walk round), budgets and a review of all corrective actions plans.</p> <p>Internal audits, meetings, and collation of data are documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved.</p> <p>The 2026 resident and family/whānau satisfaction was still on progress at the time of report. A review of the current survey responses received at the time of audit evidenced an overall satisfaction with the service delivery.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. New policies or changes to policy are communicated to staff.</p>
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		<p>A health and safety system is in place with identified health and safety goals. The health and safety representative interviewed (the office manager) maintains oversight of the health and safety and contractor management on site. Hazard identification forms and an up-to-date hazard register were sighted. Health and safety policies are implemented. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process would be documented on the accident/incident form. The internal audit schedule includes health and safety, maintenance, and environmental audits.</p> <p>All resident's incidents and accidents are documented and collated through the electronic system. The incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the management and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse.</p> <p>Discussions with the clinical facility manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 reports completed, and no Severity Assessment Code (SAC) notifications completed to Health Quality and Safety Commission (HQSC). There have been no outbreaks.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. Rosters implement the staffing rationale. The clinical facility manager and RN work Monday to Friday and provide on call. The operations manager is available for maintenance and property related calls.</p> <p>There are separate staff dedicated to maintenance and food services. Healthcare assistants provide laundry, cleaning, and implementation of the activity programme. Review of the previous two-week roster provides sufficient and appropriate coverage for the effective delivery of care and support to meet the needs of the service.</p> <p>Any absences of staff are covered by extending working hours or</p>

		<p>offering additional shifts through mutual agreement with staff. There were no staff shortages reported at the time of the audit. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirm their care requirements are attended to in a timely manner. On the days of the audit, staff were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. Staff interviewed stated that overall, the staffing levels are satisfactory, and that the management team provide good support.</p> <p>The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an electronic individual staff member record of educational courses offered, including: in-services; competency questionnaires; online learning; and external professional development.</p> <p>Alexander House Rest Home supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification through Careerforce. There are nine HCAs in total; four of whom have achieved an NZQA qualification level 3 or 4 and four with level 2. The registered nurse provides support to maintain their professional competency.</p> <p>There are implemented competencies for registered nurses and caregivers related to specialised procedures or treatments, including (but not limited to) infection prevention and control, wound management, medication, and insulin competencies. At the time of the audit there were two registered nurses, including the clinical facility manager. The clinical facility manager has completed interRAI training and the RN is in the process of completing training. Staff have completed online training that covers Māori health development, cultural diversity and cultural awareness, safety, and spirituality training, which support the principles of Te Tiriti o Waitangi. Learning opportunities are created that encourage collecting and sharing of high-quality Māori health information.</p> <p>Staff interviewed reported that there was a positive work environment.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are comprehensive human resources policies including recruitment, selection, orientation, and staff training and development. Staff files are securely stored. Five staff files reviewed (one registered nurse, the office manager, two HCAs and a cook) evidenced implementation of the recruitment process, employment contracts, police vetting checks, and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. All staff sign their job description during their onboarding to the service. Job descriptions reflect the expected positive behaviours and values and responsibilities). A register of practising certificates is maintained for all health professionals, including (but not limited to) registered nurses, general practitioner, physiotherapist, pharmacist, and podiatrist.</p> <p>All staff who had been employed for more than 12 months have an annual performance appraisal completed. The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation and annually. The service demonstrates that the orientation programme supports staff to provide a culturally safe environment to Māori.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff and is a focus of the management team.</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>Information associated with residents and staff are retained electronically and in hard copy (kept in locked cabinets when not in use). Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration.</p> <p>Records are uniquely identifiable, legible, and timely. Records are</p>

		<p>easily retrievable when required.</p> <p>Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Electronic resident files are protected from unauthorised access and are password protected. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service.</p> <p>Five admission agreements reviewed align with contractual requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated they received the information pack and received sufficient information prior to and on entry to the service. Admission criteria are based on the assessed need of the resident and the contracts under which the service operates.</p> <p>The clinical facility manager and registered nurse are available to answer questions regarding the admission process. The service currently has vacancies. The service openly communicates with potential residents and family/whānau during the admission process and declining entry would be if the service had no beds available or could not provide the level of care required. Potential residents are provided with alternative options if admission is not possible.</p> <p>The service collects ethnicity information at the time of enquiry from individual residents, and this is documented on the enquiry form. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates that is ethnicity focused.</p> <p>The service has no Māori residents; however, the clinical facility manager described how the service would support Māori residents and family/whānau.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five files were reviewed for this audit (including one resident on respite). The clinical facility manager and registered nurse are responsible for conducting all assessments and for the development and evaluation of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in electronic progress notes. Barriers that prevent whānau or tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in resident's care plans. The service has no Māori residents; however, the clinical facility manager described how the service would support Māori and family/whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>All residents have admission assessment information collected, and an interim plan completed at time of admission. A range of risk assessments are completed during admission. Initial assessments and care plans reviewed were dated and completed within required timeframes. There is specific cultural assessment as part of the social and cultural plan. Nutritional profiles are completed on admission and reviewed regularly as per policy to reflect changes. InterRAI assessments, reassessments and care plans are completed in the files reviewed and had been evaluated within expected timeframes. The long-term care plans are holistic and cover all medical and social needs. The care plans align with the service's model of person-centred care. Care plans had been updated when there were changes in health condition and identified needs. Behaviour that challenges is assessed when this occurs. Evaluations stated progress against the set goals. Short-term care plans are well utilised for issues such as infections, weight loss, and wounds.</p> <p>Handover was attended by the registered nurse and healthcare assistants. A comprehensive level of information was handed over to support continuity of service delivery. Progress notes are written by healthcare assistants the clinical facility manager and the registered nurse. The registered nurse or clinical facility manager further adds to the progress notes if there are any incidents, nurse practitioner visits, or changes in health status.</p> <p>All residents had been assessed by the nurse practitioner (NP) within five working days of admission, and the NP reviews each resident at</p>
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		<p>least three-monthly. During interview, the NP informed they visits Alexander House Rest Home once a week and there is an on-call service available. The clinical facility manager and registered nurse are also on-call after-hours.</p> <p>Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service refers residents to a physiotherapist as and when required. A podiatrist visits six-weekly and a dietitian, speech language therapist, occupational health therapist, continence advisor, and wound care specialist nurse are available as required. When a resident's condition alters, the clinical facility manager or registered nurse initiates a review with the NP. Family/ whānau were notified of all changes to health, including infections, accident/incidents, NP visits, medication changes, and any changes to health status.</p> <p>An electronic wound register is in place. On the day of audit there were three wounds being treated. A wound assessment, and wound management plan was reviewed for each of the wounds. Wound dressings were completed as scheduled. Active wounds are discussed at handover and infections related to wounds are collated and discussed at staff meetings, as well as with the NP and affected resident and family/whānau. The registered nurse and clinical facility manager have completed wound management training to keep abreast with current best practice. Progress notes documented an accurate record of the residents' care journey. Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. The healthcare assistant and registered nurse complete monitoring charts, including bowel; weight; food and fluid; pain; behaviour; and blood sugar levels. Neurological observations are completed for unwitnessed falls and suspected head injuries according to the facility policy.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p>	<p>FA</p>	<p>The activities therapy position is currently vacant. The clinical facility manager informed there has been (and will continue to be) actively recruiting for a part-time position. Recent interviews have not yielded a</p>

<p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>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>suitable candidate. In the meantime, the diversional therapist at the provider's sister site in Feilding oversees the development of activities programme. An activities programme was observed being implemented by the healthcare assistants. Weekend activities are supported by the healthcare assistants and resources are available to deliver the activities. The programme includes themed cultural events such as Matariki and Christmas. Daily activities are written on the notice board.</p> <p>The service facilitates opportunities to participate in te reo Māori using Māori language on the noticeboard planner, participation in Māori language week, and Matariki. Māori phrases are incorporated into the activities, and culturally focused activities. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. One-on-one time is spent with residents who choose not to attend activities.</p> <p>A variety of individual and small group activities were observed occurring at various times throughout the day of audit. Activities include exercises; housie; newspaper reading; quizzes, bowls; hand pampering; and word games. The service has weekly van drives for outings to local events, such as ice creams, and sites of interest such as parks. Appropriately competent caregivers drive the van. External entertainment is scheduled to visit the service regularly including on the day of audit where residents were observed enjoying the entertainers. There are weekly interdenominational services.</p> <p>The resident's social and cultural profile is completed within 24 hours of admission and include the resident's hobbies and interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed within 21 days and reviewed six-monthly. A resident attendance list is maintained for activities, entertainment, and outings.</p> <p>Resident meetings are held monthly and family/whānau are welcome to attend. There is an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Resident and family/whānau surveys also provide feedback on the activity programme and evidence overall satisfaction with the activities provided. Residents and family/whānau interviewed stated the activity programme is meaningful.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management procedures and related documents are available for safe medicine management that meet legislative requirements. The registered nurse and medication competent healthcare assistants administer medications and have been assessed as competent annually. Education around safe medication administration has been provided. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Medication competent staff oversee receipt, storage, administration, monitoring and safe disposal of medication.</p> <p>Staff were observed to be safely administering medications. The clinical facility manager, registered nurse and healthcare assistants interviewed could describe their role regarding medication administration. The service uses blister packs for regular medication and packaging for 'as required' medications. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication cupboard and locked trolley. The medication fridge and room temperatures are monitored daily and were within acceptable ranges. All medications are checked weekly. All eyedrops have been dated on opening. All over the counter vitamins, supplements or alternative therapies residents choose to use, are reviewed, considered, and prescribed by the NP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the NP had reviewed all resident medication charts three-monthly, and each chart has photographic identification and allergy status identified. There was one rest home resident partially self-administering medication. The resident has the appropriate assessment and review on file to confirm competency. Interview of the resident confirmed safe use and management. Medication competent healthcare assistants or registered nurses sign when the medications have been taken. There are no vaccines kept on site, and no standing orders are in use.</p>

		<p>Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects, and this is documented in the progress notes. The clinical facility manager described a process to work in partnership with Māori residents and family/whānau, to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</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 meals at Alexander House Rest Home are all prepared and cooked on site. The kitchen was observed to be clean, well-organised and well equipped. A current approved food control plan was in evidence, expiring 11 July 2026. There is a four-weekly seasonal menu that is developed and reviewed by a registered dietitian. The cook receives resident dietary information from the registered nurse and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or of any residents with weight loss. In the files reviewed, nutritional profiles had been updated to reflect changes in nutritional status. The kitchen manager (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences.</p> <p>The kitchen is adjacent to a spacious dining room, and meals are plated and served directly to residents. On the day of audit, meals were observed to be well presented in a homely manner. A trolley is used for covered plated meals to be transported to those residents’ enjoying meals in their rooms. Staff were observed supervising residents with meals and modified utensils are available for residents (when required) to maintain independence with eating.</p> <p>The kitchen manager understands tikanga guidelines in terms of everyday practice, and tikanga guidelines are available to staff and mirrors the intent of tapu and noa. The kitchen manager completes a daily check which includes fridge and freezer temperature recordings. Food temperatures are checked at different stages of the preparation process by the cook. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. All kitchen staff have completed food safety and hand hygiene training.</p>

		<p>Cleaning schedules are maintained.</p> <p>The residents and family/whānau interviewed were complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback on a one-to-one basis to the kitchen manager, at the resident meetings, and through resident surveys.</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>	FA	<p>Planned discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care. Policies and procedures are documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The residents (if appropriate) and families/whānau were involved for all transfers or discharges to and from the service, including being given options to access other health and disability services, social support, or Kaupapa Māori agencies, when indicated or requested. The clinical facility manager explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</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>	FA	<p>The facility is a converted villa consisting of 20 rooms in three wings (Alexander, Jenny, and Margaret). All building and plant have been checked on a regular basis and comply with legislation. The building warrant of fitness expires 8 July 2026. The environment is inclusive of peoples' cultures and supports cultural practices. The building is maintained and the surfaces in good repair.</p> <p>The operations manager (owner who was interviewed) oversees maintenance of the site, and a part-time maintenance person (interviewed) is rostered for four hours per week, to complete reactive maintenance. External contractors have responsibility for the grounds and waste management. Essential contractors such as plumbers and electricians are available 24 hours as required. Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing for compliance, resident equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Remedial</p>

	<p>action has been taken when hot water temperatures were recorded above acceptable ranges. Biannual testing and tagging of resident's electrical equipment was last completed in July 2025.</p> <p>There is a large lounge which the service can utilise for entertainment and social events. There is one main entrance leading to the reception and a main lounge and separate dining room area. There are quiet areas where residents can sit or meet with whānau/family. There are disability access toilets near the lounges and dining area.</p> <p>All rooms are single occupancy with a handbasin in rooms and two rooms have shared full ensuite. There are communal toilets and showers in each wing for those in rooms without ensuites. The resident rooms are an adequate size to provide rest home level care. Each room allows for the safe use and manoeuvring of mobility aids. Staff interviewed stated they have adequate equipment and space to safely deliver care for rest home level of care residents.</p> <p>All toilets and bathrooms have the appropriate privacy signage when in use or vacant. There are handrails in ensuites, and communal bathrooms. The hallways are wide and include ample room for the placement of armchairs for residents to rest. All rooms and communal areas allow for safe use of mobility equipment. Residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas and external spaces. The external areas are well maintained. Seating and shade are available.</p> <p>The kitchen, laundry, dining room, the nurses' station, and the manager's office are centrally situated near to the main entrance. The kitchen is small but adequate, with a fridge and freezer room and pantry situated in separate rooms in proximity.</p> <p>The facility is carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space for storage of mobility equipment. Residents can bring their own possessions into the home and to decorate their room as desired, as viewed during the audit.</p> <p>The building is appropriately heated and ventilated. There is gas wall heaters and thermostatically controlled oil radiator heating. There is plenty of natural light in the rooms and three rooms have direct access</p>
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		<p>to the exterior. The facility is non-smoking.</p> <p>The service has no current plans to build or extend; however, should this occur in the future, the service will consult with local Māori to ensure aspirations and Māori identity is included.</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>Emergency management policies, including the pandemic plan, outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that was approved by the New Zealand Fire Service on 7 May 2007. Fire evacuation drills are completed every six months as scheduled. There are emergency management plans in place to ensure health, civil defence and other emergencies are included.</p> <p>Water within the facility is heated by electricity. In the event of a power outage, there is a BBQ and gas cooking in the kitchen is available. The service now has a preferential access agreement for a generator with a local provider. Civil defence supplies are stored centrally and checked at regular intervals (sighted). There are adequate supplies in the event of a civil defence emergency, including water stores to provide residents and staff with three litres per day, for a minimum of three days. Emergency management is included in staff and external contractor orientation and is also ongoing as part of the education plan. All staff are first aid trained, ensuring one person trained in first aid is rostered 24/7 and on outings.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets, and lounge/dining room areas. The call bell system was updated in 2023. Indicator lights are displayed above resident doors and in a centrally located mimic panel, to alert them of who requires assistance. Residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at</p>

		night. Doors leading to the outdoors are alarmed.
<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>	FA	<p>The Infection Prevention and Antimicrobial Stewardship Programme is supported by the director/owners. The 2025/26 business- plan includes references to infection prevention control. The infection coordinator (IPC) is the clinical facility manager who described accessing the infection control consultant and Health New Zealand infection control specialist teams who provide local /regional support and advice as and when needed.</p> <p>The IPC collects infection and antimicrobial stewardship data monthly on infection rates and presents these at the staff and management meetings (sighted). Data is analysed monthly and feedback/graphs provided to staff as part of their quality programme.</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>	FA	<p>The infection prevention and control, and Antimicrobial Stewardship (IPAS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The IPAS programme is linked into the quality risk and incident reporting system. The IPAS programme and associated policies are reviewed annually by the infection control consultant in consultation with the infection control nurse. The infection prevention and control manual outlines a comprehensive range of policies, standards, and guidelines, and includes defining roles, responsibilities and oversight, pandemic and outbreak management, responsibilities during construction/refurbishment, training, and education of staff. Staff are encouraged to provide feedback on new and updated policies/procedures. The infection prevention nurse (the clinical facility manager) has a signed job description and has completed additional training around infection control and antimicrobial use. The infection control nurse has access to resident clinical records.</p> <p>The IPAS Committee meets monthly as part of the staff meeting and quarterly as part of the management meeting. Service meetings discuss relevant policy and document changes, relevant education, data and analysis and audits, and any concerns.</p>

		<p>Support and physical and learning resources are made available through Health New Zealand and the consultant who developed all the service policies and procedures. Personal protective equipment is available, and adequate stock balance is maintained to support any outbreak. Training is part of orientation and ongoing training is led by the IPC.</p> <p>There are policies and procedures in place around reusable and single use items. All shared equipment is appropriately disinfected between use and single use items are not re- used. Cleaning procedures are in place around sharing medical devices. Internal audits are completed, and corrective actions are implemented and signed off when completed. The IPC is also an owner /director and has a high level of decision making with regard to new equipment.</p> <p>Educational resources in te reo Māori can be accessed online if needed. The IPC can access educational resources that acknowledge the spirit of Te Tiriti o Waitangi. All staff are required to complete infection control education. Staff interviewed provided examples of adhering to culturally safe practices around infection control in relation to their roles.</p> <p>Resident education occurs as part of the daily care. Residents and family/whānau are kept informed and updated through meetings and emails. Visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.</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>The Infection Prevention and Antimicrobial Stewardship programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service and has been approved by the clinical facility manager (owner /director). The programme is linked into the electronic quality risk and incident reporting system.</p> <p>The programme aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. Quantity and types of antibiotic usage is monitored monthly. Staff, residents and family/whānau have received education on antibiotic</p>

		usage when prescribed. Monthly records of infections and prescribed antibiotic treatment are maintained.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. National surveillance programmes and guidance is applied when required. Monthly infection data is collected for all infections based on signs, symptoms, definition of infection and laboratory test results. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and six-monthly.</p> <p>Infection control surveillance is discussed at monthly staff meetings and quarterly management meetings. The service incorporates ethnicity data into surveillance data. Meeting minutes are available for staff. Action plans are completed as required. Internal infection control audits are completed, with corrective actions for areas of improvement. Clear communication pathways are documented to ensure clear communication to staff and residents who develop or experience a HAI.</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>	FA	<p>The facility implements the waste and hazardous management policies that conform to legislative and local council requirements. Policies include considerations of staff orientation and education; incident/accident and hazards reporting; use of personal protective equipment (PPE); and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice room and laundry. There is one sluice room with appropriate personal protective equipment (PPE), a sanitiser and adequate bench space. Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, masks, and visors. Staff receive training and education in waste management, chemical safety, and infection control as a component of the mandatory training, with all</p>

		<p>five staff records reviewed confirming compliance. Caregivers perform the laundry tasks each duty as part of their responsibilities. All personal clothing, sheets and towels are laundered on site. Staff fold all linen and residents clothing and return to the linen cupboards and resident rooms.</p> <p>The laundry operates seven days a week. There is a dirty to clean workflow in the laundry. There are locked cleaners' cupboards. Chemical bottles are labelled with manufacturer labels. Residents and a family/whānau interviewed reported satisfaction with the cleaning and laundry service. Internal audits monitor the effectiveness of the cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The operations manager and clinical facility manager (owners) and all staff are committed to providing services to residents without the use of restraint wherever possible. The restraint policy confirms that restraint consideration and application must be done in partnership with residents and their family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the service will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the clinical facility manager (registered nurse). At the time of the audit, the facility was restraint free. The use of restraint (if any) would be reported in the staff meetings. The restraint coordinator interviewed described the focus on restraint elimination. Strategies to maintain a restraint-free environment is included as part of the mandatory training plan and orientation programme along with training around de-escalation.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.