Kaylex Care Limited - Eastcare Residential 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:	Kaylex Care Limited
Premises audited:	Eastcare Residential Home
Services audited:	Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 18 February 2026 End date: 19 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: 42

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 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

Eastcare Residential Home (Eastcare) provides rest home and dementia levels of care for up to 47 residents. On the days of the audit, there were 42 residents in the service. The service is owned and operated by Kaylex Care Limited.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service's contracts held with Health New Zealand – Te Whatu Ora. It included a review of policies and procedures, a review of residents' and staff files, observations, and interviews with residents and whānau, a governance representative, staff, and a nurse practitioner. The facility is managed by an experienced manager, supported by an experienced clinical nurse manager who has clinical oversight of the facility. Feedback from residents, whānau, staff, and the nurse practitioner was positive.

A strength of the service, resulting in a continuous improvement rating, related to a reduction in adverse events. Improvements are required from this audit to address completion of the facility's internal audit schedule, completion of performance appraisals for staff, the facility environment, civil defence preparedness, and the completion of restraint-related education.

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 are fully attained.

Eastcare 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. Eastcare 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, and this was confirmed by Māori residents and staff interviewed. There were no Pacific residents at Eastcare at the time of the audit; however, systems and processes were in place to enable Pacific peoples to be provided with services that recognised their worldviews in a culturally safe manner. There were staff members in the service who identified as Pacific peoples.

Residents of Eastcare and their whānau were informed of their rights under the Code of Health and Disability Services Consumers' Rights (the Code), and these rights were consistently upheld. The service protected residents from abuse and respected their dignity, privacy, and independence. Care was inclusive and acknowledged each person's unique identity and experiences.

Care plans were formulated to reflect and respect the choices and preferences of residents and/or their whānau, ensuring that individual needs and wishes remained central to the delivery of care. Documentation demonstrated that residents and their whānau were consistently kept well informed regarding all aspects of their care and the services offered.

Residents and their whānau received clear information and participated in care decisions. Communication was open, and interpreter services were available. Whānau and legal representatives took part in lawful decision-making, and advance directives were respected when possible.

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

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.

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

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback and staff participate in quality activities. Processes to collect and analyse quality improvement data are documented in policy and procedure documents.

The National Adverse Events Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed and orientated using current good practice. A systematic approach to identify and deliver ongoing learning supports safe, equitable service delivery.

Residents' information is accurately recorded, securely stored, and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

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 are fully attained.

Upon admission to Eastcare, a person-centred and whānau-centred approach was implemented. Comprehensive and relevant information was provided to prospective residents and their whānau.

The staff of Eastcare collaborated with residents and their whānau to assess, plan, and evaluate care. Individualised care plans were developed based on thorough assessments, accommodating any emerging concerns as they arose. Documentation reviewed indicated that care consistently met the needs of residents and their whānau, and evaluations occurred regularly and in a timely manner.

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

Medicines were safely managed and administered by staff who had been assessed as competent to do so.

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

Residents were transitioned 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 met the needs of residents. There was a current building warrant of fitness. Electrical equipment had been tested as required. External areas were accessible and provided shade and seating. Internal areas met the mobility needs of tāngata whaikaha.

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

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 facility manager and the infection control coordinator at Eastcare ensured the safety of residents, visitors and staff through a planned infection prevention and antimicrobial stewardship programme that was appropriate to the size and complexity of the service. It was adequately resourced; an experienced and trained infection control coordinator led the programme, and they were engaged in procurement processes.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures were in place. Eastcare had an approved infection control and pandemic plan. Staff demonstrated good principles and practice around infection control. Staff, residents, and whānau were familiar with the pandemic/infectious diseases response plan.

Aged care-specific infection surveillance was undertaken, with follow-up action taken as required.

The environment supported the prevention and mitigation of transmission of infections. Waste and hazardous substances were managed. There were safe and effective cleaning and laundry services in place.

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.		Some subsections applicable to this service are partially attained and of low risk.

The service was a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents observed to be using a restraint at the time of audit.

A comprehensive assessment, approval, and monitoring process is in place should restraint be required in the future. Staff interviewed demonstrated sound knowledge and understanding of least restrictive practice, de-escalation techniques, alternative interventions, and restraint monitoring.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	22	0	2	3	0	0
Criteria	1	162	0	2	3	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	Eastcare had developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Partnerships had been established with local iwi (Waikato Tainui) and specialist Māori Health practitioners (Te Kōhao Health) to support service integration, planning, equity approaches, and support for Māori. A kaumātua from the local marae was available to support and advise if needed. A Māori health plan had been developed with input from cultural advisers, and this was being used for residents who identify as Māori. The plan documented care requirements for residents who identify as Māori to ensure that culturally appropriate services could be delivered. Te Whare Tapa Whā model of care was in use by the service for Māori residents. Residents had access to traditional Māori health practitioners. Residents and whānau interviewed reported that staff respected their right to mana motuhake (self-determination), and they felt culturally safe. The staff recruitment policy was clear that recruitment would be non-discriminatory, and that cultural fit was one aspect of appointing staff. The service supported increasing Māori capacity by employing more Māori staff members across differing levels of the organisation, and

		this is outlined in its organisational planning and policy documentation. Ethnicity data was being gathered when staff were employed, and this data was analysed at management level. Staff who identified as Māori were employed at Eastcare at the time of audit. Training on culturally and spiritually specific care needs for people from Māori communities was part of the Eastcare training programme, and this had been delivered. The training was geared to assist staff to understand the key elements of service provision for Māori, and in providing equity in the provision of care services.
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	The manager at Eastcare understood the equity issues faced by Pacific peoples and can access guidance from people within the organisation around appropriate care and service for people from Pacific communities. There were no residents in the service who identified with a Pacific community, but there were processes and models of care available to the service should residents from Pacific communities be admitted. A Pacific peoples' health plan had been developed with input from cultural advisers. The plan documents care requirements for Pacific peoples to ensure that culturally appropriate services can be delivered. The Fonofale model of care was available for use by the service for residents from Pacific communities who might be admitted. Eastcare has access to local Pacific religious communities that could provide support for the facility, as well as from Health New Zealand – Te Whatu Ora. The staff recruitment policy was clear that recruitment would be non-discriminatory, and that cultural fit was one aspect of appointing staff. The service supports increasing capacity by employing more staff members who align with Pacific communities across differing levels of the organisation. This was outlined in its organisational planning and in policy documentation. Ethnicity data was gathered when staff were employed, and this data was being analysed at a management level. There were staff who identified with a Pacific community in the service at the time of audit, some in leadership/educational positions.

		They could be consulted should this be required in the future. Training on culturally and spiritually specific care needs for people from Pacific communities was part of the Eastcare training programme, and this had been delivered. The training was geared to assist staff to understand the key elements of service provision for Pacific peoples, and in providing equity in the provision of care services.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	The Code of Health and Disability Services Consumers' Rights (the Code) was prominently displayed in te reo Māori, New Zealand Sign Language (NZSL), and English, with brochures available at the front entrance in both languages and in large print. Brochures detailing the Nationwide Health and Disability Advocacy Service (advocacy service) were also positioned within the front entrance area. Staff were knowledgeable regarding access to the Code in additional languages if required. Interviews with staff indicated a thorough understanding of the Code's requirements and the advocacy service, and observed interactions demonstrated support for residents in accordance with their preferences. Furthermore, whānau and allied service providers confirmed that staff consistently exhibited respectful and considerate conduct towards residents' rights. Eastcare had a range of cultural diversity in their staff mix, and staff can assist if interpreter assistance is required, including in te reo Māori. Eastcare also had access to external interpreter services and cultural advisors/advocates if required. Relationships had been established with Te Kōhau Health and the local Waikato Tainui iwi. Seven staff employed at Eastcare identified as Māori. A kaumātua assisted at all levels of the facility's operations to ensure more equitable service for Māori was provided. Eastcare recognised mana motuhake.
Subsection 1.4: I am treated with respect	FA	Eastcare provided services to residents that were inclusive and respectful. Residents and their whānau, including those with

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.		disabilities, confirmed that services upheld dignity, privacy, identity, and individual choices. Care staff understood what Te Tiriti o Waitangi meant to their practice, with te reo Māori and tikanga Māori being promoted. All staff at Eastcare received training in Te Tiriti o Waitangi and cultural safety. Staff could learn and speak te reo Māori, supported by Māori colleagues, residents, and the facility's kaumātua. Care plans for Māori residents recognised their cultural identity and uniqueness. Staff demonstrated awareness of residents' advance directives and actively promoted their independence. Residents in the secure dementia care units had documentation in place evidencing an activated Enduring Power of Attorney (EPOA) or court-appointed welfare guardianship. Support was provided for residents to establish advance care plans. Residents confirmed they were enabled to pursue activities meaningful to them, and this was evidenced during the audit. During the audit, staff consistently ensured the privacy of all residents, each of whom was accommodated in a private room. Eastcare appropriately addressed the needs of tāngata whaikaha and facilitated their engagement in te ao Māori. Training covered the aging process, diversity, and inclusion, and incorporated specific instructions on support for individuals with disabilities.
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	Eastcare conducted reference checking and police vetting during recruitment of staff. Policies safeguarded against discrimination, exploitation, abuse, and neglect, and staff followed a clear code of conduct. Employees understood policies related to abuse and neglect, and specific measures were being taken to prevent institutional and systemic racism. Residents felt their property and finances were respected, and professional boundaries were upheld. Holistic models of health were being promoted at Eastcare. Care models in use encompassed an individualised approach that ensured the best outcomes for all; there were specific models of care relevant to Māori and Pacific peoples. Residents who identified as Māori had

		their specific cultural needs and preferences addressed in their care plan. Nine residents and seven whānau interviewed expressed satisfaction with the care services being provided at Eastcare.
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 their whānau reported that communication was open and effective at Eastcare, and they felt listened to. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated into day-to-day greetings, documentation, art, and signage throughout the facility. Interpreter services were available if needed, and staff knew how to access these services if required. Resident meetings at Eastcare were being held every month. In addition to regular contact with whānau by email and telephone, the facility manager (FM), clinical nurse manager (CNM), and registered nurse (RN) maintain an open-door policy. A weekly newsletter keeps residents and whānau informed. Notices on the notice boards advise when the next resident meetings will be held. Evidence was sighted of residents communicating with all staff, including the FM. Residents whānau and staff reported that the FM responded promptly to any suggestions or concerns. Changes to residents' health status were communicated to residents and their whānau in a timely manner. Incident reports evidenced that whānau were informed of any events/incidents. Documentation supported evidence of ongoing contact with whānau, EPOAs, or the court-appointed welfare guardians. Evidence was sighted of referrals and the involvement of other agencies involved in the residents' care when needed.
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	FA	Residents at Eastcare and/or their legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent. Advance care planning, establishing, and documenting of EPOA or

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.		welfare guardian information and processes for residents unable to consent were documented, as relevant, in the resident's record, including for residents in the secure dementia care units. Staff who identified as Māori assisted other staff to support safe cultural practice. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. A kaumātua from the local marae was available to support and advise if needed.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.	FA	A fair, transparent, and equitable system was in place to receive and resolve complaints that led to improvements. The process met the requirements of the Code. Residents and whānau interviewed understood their right to make a complaint and knew how to do so. Documentation sighted showed that complainants had been informed of findings following investigation. In all cases, from the documentation sighted, improvements had been made as a result of the investigation. The service assured the process works equitably for Māori by offering access to Māori advocates/support people (when required), through the use of te reo Māori (if required), and the use of tikanga appropriate to the complainant. Two complaints from the whānau of previous residents were received by the Office of the Health and Disability Commissioner (HDC), both in June 2025. Requests from the HDC for more information had been provided by the FM in a timely manner; both remained open at the time of audit. There have been no complaints received from any other external source since the last audit.
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.	FA	The directors, general manager (GM), and FM of the service assume accountability for delivering a high-quality service to the resident communities served. There was meaningful Māori representation available to support governance. One of the directors and the GM

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. 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.		had undertaken education related to Te Tiriti o Waitangi, health equity, and cultural safety. Compliance with legislative, contractual and regulatory requirements is overseen by the directors and the GM, with external advice sought as required. A commitment to the quality and risk management system was confirmed by interviews and in documentation sighted. The GM stated they felt well informed on progress and risks. The leadership structure, including for clinical governance, was appropriate to the size and complexity of the service; there was an experienced and suitably qualified person managing the service. Reporting and monitoring of resident clinical and safety measures occur through a multidisciplinary team approach. This includes the general practitioner (GP), nurse practitioner (NP), the FM, CNM, and RN, along with other health professionals such as pharmacists, and Health New Zealand – Te Whatu Ora (Te Whatu Ora) mental health for older people services, psychiatrists, infection prevention specialists, and wound and behaviour specialists. The purpose, values, direction, scope and goals were defined in the 2025–2026 business, quality and risk plan. Monitoring and reviewing of organisational performance, such as occupancy, quality and risk matters (except for internal audits – refer criterion 2.2.3), changes in staff, complaints or compliments, and any other service delivery issues occur through monthly (or more frequent) written and verbal reporting to the GM. This was confirmed in a sample of reports to the service's GM and directors. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori and tāngata whaikaha was evident in plans and monitoring documentation reviewed, and through engagement with local iwi and specialist Māori health practitioners and staff education. The FM and six other staff in the service identify as Māori. People receiving services and their whānau participate in planning and evaluation of services through care planning activities, meetings and through a resident satisfaction survey. The clinical governance structure in place is appropriate to the size and complexity of the service provision. The service is managed by an experience FM who has worked in aged care for approximately 16 years. The FM is assisted by a CNM who has been in this position for

		four years, having previously worked as a registered nurse (RN) in the facility for two years prior. The CNM oversees the clinical services provided at Eastcare. The FM and the CNM confirmed knowledge of the sector and regulatory and reporting requirements. Eastcare holds Age-Related Residential Care (ARRC) contracts with Te Whatu Ora for the provision of long-term residential rest home and secure dementia levels of care and respite/short stay care to a maximum of 47 residents. The agreement includes provision for care under the Long-Term Support – Chronic Health Conditions (LTS-CHC) scheme. The service also has an agreement to provide day services for people with dementia. One person was attending the day programme from 9 am to 3 pm Monday to Friday. On the days of audit, there were 42 residents in the service. Twenty-seven (27) residents were receiving secure dementia-level care in two separate wings (one under a short-stay/respite contract and two under LTS-CHC contracts). Fifteen (15) residents were occupying beds in the rest home area of the service (one under a short-term/respite contract). One resident has been receiving hospital-level care in the service following a deterioration while in the secure dementia care unit of the service. A Notification of Hospital Resident in a Rest Home Area (NOHRRA) had been submitted and approved by the Ministry of Health/Manatū Hauora (Manatū Hauora) on 15 December 2025, allowing the resident to remain in the service. The resident has since improved and a reassessment had been requested. There were no boarders on site; however, an upstairs apartment, which is accessed externally, is rented under a tenancy agreement with the owners. The tenant has no interactions with staff or residents.
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	PA Low	The organisation has a quality and risk system in place that reflects the principles of continuous quality improvement. This includes policies and procedures, reporting and analysis of incident data, management of complaints, regular staff, resident and whānau meetings and satisfaction surveys, and reporting of clinical events

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.		including infections. When gaps are identified, relevant corrective actions are developed and implemented to address the shortfalls, from which outcomes are monitored. The exception to this is the internal auditing schedule, which had not been adhered to (refer criterion 2.2.3). Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current. Residents, whānau and staff contribute to quality improvement through care planning, meetings and surveys, and the compliments/complaints process. Satisfaction surveys of residents and whānau revealed few areas of concern. Negative feedback related to odour in one area of the facility (one response), which had been addressed, and an anonymous response related to the ability to raise concerns, and this had also been addressed. The 2025 survey of staff had a good return rate (27 responses). Results showed an increase in job satisfaction, confidence in the new manager, and satisfaction with training opportunities. Negative feedback was in relation to the availability of equipment (this has been addressed – confirmed by staff interviewed) and concerns around orientation of new staff (the FM now oversees this process – completed orientation was sighted in all staff files). Critical analysis of practices and systems, using ethnicity data, identifies possible inequities and the service works to address these. Delivering high-quality care to Māori residents is supported through relevant training, tikanga policies, and access to cultural support roles internally and externally. The FM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Staff document adverse and near miss events in line with the National Adverse Event Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Specific action plans had been developed in relation to a high number of falls, medication errors, and behavioural incidents in 2024; results following targeted interventions were positive in reducing resident risk. This was an area of excellence identified in this audit which resulted in a continuous improvement rating (refer criterion 2.2.4).

		The FM understood and had complied with essential notification reporting requirements. In the last 12 months, eight Section 31 notification reports have been submitted to HealthCERT at Manatū Hauora; two for change in manager, one for an assault between residents, one related to resident aggression, and four for residents leaving the facility without informing staff (three in the rest home and one in the secure dementia care area). There have been no reports to the Health Quality & Safety Commission/Te Tāhū Hauora, and no police investigations, issues-based audits, or any other notifications since the previous audit. There is currently an ongoing coroner's investigation in progress (received November 2025). Information requested by the Office of the Coroner had been provided.
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). The FM adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents. There are two full-time employed RNs (one of whom is the CNM) who alternate different rosters (Monday to Friday and Sunday to Thursday), and one activities person onsite from 8.30 am to 4.30 pm Monday to Friday. There are sufficient staff hours allocated for food, cleaning and laundry services, and a maintenance person who is employed for 30 hours per week. Those providing care reported that there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. Twenty (20) staff (two RNs and 18 HCAs) have a current first aid certificate. Care staff have either completed or commenced a New Zealand Qualifications Authority (NZQA) education programme to meet the requirements of the provider's agreement with the funder. Of the 28

		HCAs employed, 15 have completed Level 4 of the National Certificate in Health and Wellbeing or the Limited Credit Programme (LCP) dementia unit standards, with eight at Level 3, and three further staff are enrolled for the LCP. Staff rosters reviewed confirmed that the staff working in the dementia wings have either completed or are progressing dementia education as required by the ARRC contract. A system for recording and tracking each staff member's attendance at training/education has been implemented. Education is planned on an annual basis and includes mandatory training and ongoing identification and assessment of the competencies required in each role. Records reviewed demonstrated completion of the required training and competency assessments except for specific restraint education (refer criterion 6.1.6). Staff stated they felt well supported with professional development opportunities. The training programme supports equitable service delivery and the ability to maximise the participation of people using the service and their whānau. There was evidence that residents and their whānau are encouraged to participate in the planning and review of their care. Regular (weekly) newsletters are distributed to residents and whānau. High-quality Māori health information is embedded in policy and used to support the staff training and development programmes, policy development, and care delivery. The FM, who identifies as Māori, has strong connections to local iwi, hapu and Māori agencies for accessing resources. They are providing specific education to staff on equity and Māori models of care that are suited to the resident groups and the local area. Staff reported feeling well supported and safe in the workplace.
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	PA Moderate	Human resources management policies and processes were based on good employment practice and relevant legislation and included recruitment, selection, orientation, and staff training and development. Qualifications were validated prior to employment and then annually; evidence of this was sighted. A register of annual practising certificates (APCs) had been maintained for RNs, and associated health contractors. There were job descriptions in place for all

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.		positions that included outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A sample of seven staff records reviewed confirmed the organisation's policies are being consistently implemented, except for performance appraisals for staff (refer criterion 2.4.5). Staff interviewed (13) reported that the induction and orientation programme prepared them well for the role, despite this being highlighted as a concern on the 2025 staff satisfaction survey. Evidence of completed induction and orientation was sighted in files reviewed. Staff information, including ethnicity data, is accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements. Opportunities to be involved in a debrief and discussions following any serious incidents or challenging situations were provided, as confirmed by staff interviewed
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.	FA	All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Clinical notes were up to date, integrated and legible, and met current documentation standards. Consent was sighted for data collection. Data collected included ethnicity data. Resident's health information is primarily held electronically and is password-protected. Any paper-based records were held securely in the nurse's office and only available to authorised users. Archived records were accessible and securely stored in a locked area within the facility. These are held for the required time before being destroyed. No personal or private resident information was on public display during the audit. Eastcare is not responsible for the 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.	FA	Residents were welcomed into Eastcare when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency as requiring the level of care Eastcare provided and had chosen Eastcare to provide the services they required. A specialist's authorisation for residents requiring care in a secure dementia care unit was sighted. Residents reviewed in the secure unit had an activated EPOA or Welfare Guardian documentation in place. Whānau interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identified as Māori. The files reviewed met contractual requirements. Eastcare collected ethnicity data on entry and decline rates. This included specific data for entry and decline rates for Māori. Where a prospective resident had been declined entry, there were processes for communicating the decision to the person and whānau. Eastcare had developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility can access support from Māori health practitioners, traditional healers, and other organisations by contacting Te Kōhao Health. When admitted, residents had a choice over who would oversee their medical requirements. Whilst most chose the main medical provider to Eastcare, residents were enabled to request another provider to manage their medical needs if desired.
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	FA	The multidisciplinary team at Eastcare worked in partnership with the resident and their whānau to support the resident's wellbeing. Ten residents' files were reviewed: one hospital file, five rest home files, and four files of residents who were receiving care in the secure units. These files included a resident who had received a dispensation from Manatū Hauora to remain at Eastcare and receive hospital-level care (15 December 2025). The sample also included residents with behavioural disorders, facility-acquired pressure injuries, insulin-dependent diabetes, recent unwitnessed falls, multiple co-morbidities,

whānau to support wellbeing.		long-term chronic conditions, those receiving respite care, those requiring transfer to an acute facility, and residents identifying as Māori. The resident requiring hospital-level care has since improved, and a reassessment had been requested. Ten files reviewed verified that, following a comprehensive assessment on admission, a plan of care outlining the care the resident required was developed by an RN. This plan included consideration of the person's lived experience, cultural needs, values, and beliefs, and considered wider service integration, where required. Files reviewed of residents who identified as Māori included comprehensive documentation detailing the residents' cultural needs. Assessments included clinical evaluations, with input from residents and whānau as required. All assessment and care planning timeframes met contractual requirements. Policies supported, and documentation confirmed, that tāngata whaikaha and whānau could participate in service development, maintain choice and control, and access information without barriers. Providers understood Māori concepts of oranga and supported Māori and whānau in identifying pae ora outcomes in care plans, with required support clearly documented and communicated. This was confirmed through document reviews, resident record sampling, interviews, and observation. A resident who had a recent unwitnessed fall was assessed by the RN, and neurological observations were undertaken for the required timeframes. Ongoing review by the RN was documented. Residents with insulin-dependent diabetes had documentation identifying the management plan in place, and this was sighted as being complied with. Hypoglycaemic risks were documented, along with the processes required to manage these should they occur. Medical conditions were well documented, systematically monitored, and regularly evaluated. Care plans were adjusted as needed with input from residents and whānau, including younger residents with disabilities. There was a significant reduction in fall adverse events and behaviour events at Eastcare in 2025 (refer criterion 2.2.4). An interview with the NP expressed satisfaction with the care being provided by Eastcare.

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 coordinator (AC) at Eastcare provided an activities programme that supported residents in maintaining and developing their interests, tailored to their ages and stages of life. The younger residents were enabled to go out and attend community activities of their choice and participate in activities that were of interest to them. Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests and their ordinary patterns of life and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori were facilitated. Satisfaction surveys evidenced that residents and their whānau were satisfied with the activities provided at Eastcare. Residents and their whānau participated in evaluating and improving the programme. Those interviewed confirmed they found the programme met their needs. Residents in the secure dementia care units had a 24-hour lifestyle plan in place that addressed the residents' 24-hour needs based on previous lifestyle patterns. A designated person is employed to provide the activities at Eastcare; however, this person was not skilled in diversional or motivational recreation. The activities plan provided at Eastcare was, therefore, overseen by an occupational therapist (OT) from Te Kōhau Health. A monthly report by the OT was provided to Eastcare following visits and assessment of the programme. Any suggestions made are integrated into the programme.
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	FA	The medication management policy at Eastcare was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was sighted on the day of the audit. All staff who administer medicines had been assessed as competent to perform the function they managed. There was a process in place to identify, record, and document residents' medication sensitivities, allergies, and the action

and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.		required for adverse events. There was a significant reduction in the use of sedative medication, polypharmacy, and medication errors in 2025 (refer criterion 2.2.4). Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates. Medicines were stored safely, including controlled drugs. The required stock checks had been completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site. Prescribing practices met requirements. The required three-monthly GP review was recorded on the medicine chart. Standing orders were not used at Eastcare. There were no residents self-administering medications on the days of audit. Processes to support self-administration of medication were in place, with strategies documented so that they could be managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications. Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication.
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 provided at Eastcare was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian in December 2024. Recommendations made at that time had been implemented. The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken at Eastcare on 23 January 2025. Two areas requiring corrective action were identified; these had been addressed, and the plan was verified for 18 months. The plan is due for re-audit on 23 July 2026. Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, and

		modified texture requirements were accommodated in the daily meal plan. Residents who identified as Māori had menu options that were culturally specific to te ao Māori. All residents had opportunities to request meals of their choice, and the kitchen would address this. Residents were provided with opportunities to be involved in food preparation as part of the activities programme. Observations identified a large supply of fresh fruit and vegetables being available. Residents were observed to be offered fresh fruit at every meal, and additional food was available if requested. Interviews, observations, and documentation verified residents were satisfied with the meals provided. Evidence of residents' satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys, and resident and whānau meeting minutes. This was supported on the day of the audit when residents responded favourably regarding the meals provided on these days. Residents in the secure dementia care unit have access to food and fluid at any time over the 24-hour period.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.	FA	Any transfers or discharges from Eastcare were managed in a planned, timely and safe manner to cover the residents' current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and whānau. The whānau of a resident who was recently transferred reported that they were kept well informed throughout the process. Whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need was identified.
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	PA Moderate	There was a current building warrant of fitness with an expiry date of 1 December 2026. Testing and tagging of electrical equipment were being carried out regularly by the certificated maintenance person from the Kaylex Care Mt Herbert facility. Interview and inspection of

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.		devices confirmed this had recently occurred. Biomedical equipment was tested annually, last in April 2025. While the environment was comfortable and accessible, the internal and external physical environment and facilities still require improvements and enhancements (refer criterion 4.1.2). Corridors had handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs, and residents were observed to be safely using these. Spaces were culturally inclusive and suited the needs of the resident groups. Lounge and dining facilities meet the needs of residents; lounge areas were also used for activities. There were smaller leisure spaces around the facility for residents who require a quiet space or privacy. Rooms were personalised according to the resident's preference, and there was sufficient space within residents' rooms for the residents to move around and use personal mobility aids. All rooms have a window allowing for natural light, with safety catches for security. There were adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and communal areas had appropriately situated call bells. The facility had electric heating, which could be adjusted depending on seasonality and outside temperature. There were external areas within the facility that were accessible for leisure activities, with appropriate seating and shade, including in the dementia care areas of the service. However, while improvements had been made to outside areas since the previous audit, an area outside one of the secure dementia care wings had a gate that was secured only with a high bolt (which could be accessed by residents). The area on the other side of the gate was unkempt and unsafe, and the fence to neighbouring properties was low enough to allow residents to scale the fence (refer criterion 4.1.2). The current environment was inclusive of people's cultures and supported cultural practices. A process is in place to ensure consultation or co-design with Māori occurs when a new building is in the design process. Residents and whānau interviewed reported that they were happy with the environment, including heating and ventilation, natural light,

		privacy, and maintenance.
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 describe the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. The fire evacuation plan had been approved by Fire and Emergency New Zealand (FENZ). The plan requires trial evacuation six-monthly; the last evacuation trial was on 2 December 2025. Whilst the service has some emergency supplies for use in the event of a civil defence emergency, these do not meet The National Emergency Management Agency recommendations for the region (refer criteria 4.2.7). Staff were able to provide a level of first aid relevant to the risks for the type of service provided. Call bells alert staff to residents requiring assistance. Residents and whānau reported that staff respond promptly to call bells. Appropriate security arrangements are in place. Residents and whānau were familiarised with emergency and security arrangements, as and when required.
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	Eastcare has infection prevention (IP) and antimicrobial stewardship (AMS) outlined in its policy documents. The IP and AMS programmes were appropriate to the size and complexity of the service. They had been approved by the GM and directors of the facility, were linked to the quality improvement system, and were being reviewed and reported on annually. Any significant issues within the service (e.g., outbreaks) had been escalated immediately through established reporting systems. The IP and AMS programme was being supported through clinically competent specialist personnel who make sure that IP and AMS are being appropriately managed at the facility. Clinical staff can access

		IP and AMS specialist expertise and support through Te Whatu Ora (including nurse specialists, district nurses, and infection prevention and control nurse specialists) and through Regional Public Health (RPH). Infection prevention and AMS information was being discussed at facility level and was reported to the board. Information presented to the board includes ethnicity data to support equity in the IP and AMS programmes.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The infection control coordinator (ICC) at Eastcare was responsible for overseeing and implementing the IP and AMS programmes, with reporting lines to the FM. The ICC had the appropriate skills, knowledge, and qualifications for the role and confirmed access to the necessary resources and support. Their advice had been sought when making decisions around procurement relevant to care delivery, facility changes, including building or redesign of the existing building, and policies. The infection prevention and control policies reflected the requirements of the standard and were provided by an external advisory company. Cultural advice at Eastcare was accessed through the staff who identified as Māori and the cultural advisor/kaumātua. Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly. Policies and processes ensured that reusable and shared equipment was appropriately decontaminated using best practice guidelines. Individual-use items were discarded after being used. Staff who identified as Māori and speak te reo Māori can provide infection control advice in te reo Māori if needed. Educational resources available in te reo Māori are accessible and understandable for Māori accessing services. The pandemic/infectious diseases response plan was documented and had been assessed. There were sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified their availability at the interview. Staff had been trained in their use. Residents and their whānau were educated about

		infection prevention in a manner that met their needs. Residents were educated daily, in resident meetings and by notices on the residents' notice board.
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	Eastcare had a documented antimicrobial stewardship (AMS) programme in place that is committed to promoting the responsible use of antimicrobials. The AMS programme has been developed using the evidence-based expertise of an external advisory company and has been approved by the governing body. Policies and procedures were in place that complied with evidence-informed practice. The effectiveness of the AMS programme had been evaluated by monitoring the quality and quantity of antimicrobial use. Evidence was sighted of a reduction in the use of antibiotics and the identification of ongoing areas for improvement.
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	Eastcare undertakes surveillance of infections appropriate to that recommended for long-term care facilities, and this was in line with priorities defined in the infection control programme. Eastcare used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance. Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to the directors of the service and the GM and shared with staff. Surveillance data included ethnicity data. Culturally clear processes were in place to communicate with residents and their whānau, and these were documented.
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.	FA	A clean and hygienic environment was maintained at Eastcare to support infection prevention and control of antimicrobial-resistant organisms. Some internal areas, however, were noted to be looking tired and require refurbishment (refer criterion 4.1.2). Secure storage areas were available and accessible to staff as needed. Chemicals

Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.		were properly labelled and safely stored within these designated areas, with a closed system implemented. Sluice rooms facilitated the safe disposal of soiled water and waste. Hand washing facilities and sanitising gel were accessible throughout the facility. Staff followed documented policies and processes for the management of waste and infectious and hazardous substances. Appropriate personal protective equipment was provided to staff responsible for handling contaminated materials, waste, and hazardous substances, as well as those involved in cleaning and laundering activities; staff were sighted to be using these during the audit. Laundry was laundered on site, including residents' personal clothing. Policies and processes were in place that identified the required laundering processes, including the limited access to areas where laundry equipment and chemicals were stored. A clear separation for the handling and storage of clean and dirty laundry was sighted. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered. Other than the areas identified as requiring refurbishment (refer criterion 4.1.2), the internal environment was observed to be clean and tidy. Safe and effective cleaning processes identified the methods, frequency, and materials to be used in cleaning processes. Clear separation of the use of clean and dirty items was observed. Designated access was provided to maintain the safe storage of cleaning chemicals and cleaning equipment. Laundry and cleaning processes were monitored for effectiveness, despite a number of internal audits not being completed (refer criterion 2.2.3). Staff involved had completed relevant training and were observed to perform duties safely. Residents and their whānau reported that the laundry was managed well, and the facility was kept clean and tidy. The IPC role included oversight of the facility testing and monitoring programme for the built environment.

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.	PA Low	Maintaining a restraint-free environment is the aim and philosophy of the service. Interview with the GM demonstrated a continued commitment to this, which is supported by the FM and CNM (who is the restraint coordinator) at a service delivery level. At the time of audit, there was no restraint in use, and this has been the case for more than 13 years. Any use of restraint would be reported to the directors, and the GM. Restraint is an integral part of the resident management system in use by the service. Policies and procedures meet the requirements of the standards. While staff have received training in alternative cultural-specific interventions and de-escalation techniques, education on least restrictive and safe restraint practice has not occurred (refer criterion 6.1.6). The restraint approval group would be responsible for the approval of the use of restraints and the restraint processes if restraint were to be considered. The group would comprise of the resident (if applicable), their whānau (as applicable), the FM, CMN, and the GP and/or NP. There are clear lines of accountability in policy documentation. Given no restraint was in use by the service, 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 2.2.3 Service providers shall evaluate progress against quality outcomes.	PA Low	The service has an internal audit schedule in place to monitor service requirements and resident risk and safety. This schedule has not been adhered to. Nine audits have been completed in the last twelve months (from a schedule of 70 audits) related to monthly maintenance (four), wheelchair maintenance (one), admission processes (one), progress notes documentation (one), kitchen quality overview (one), and kitchen infection prevention and safety (one). Audits not completed related to, for example, privacy and rights, wound care, weight and nutrition, and care planning. In addition to this, corrective actions arising from the internal	Not all internal audits have been completed as per the facility’s schedule and, while some of the corrective actions arising from the audits have been addressed, these have not been signed off in the electronic register.	Provide evidence that internal audits are being completed as per the facility’s schedule and that corrective actions have been signed off in the electronic register once addressed. 180 days

		audits completed had not been signed off (though some had been addressed and there was documentation to show this). A corrective action (sighted) to manage this process has been generated and will be implemented over the next few months.		
Criterion 2.4.5 Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.	PA Moderate	Eastcare policy requires annual performance appraisals; however, these had not been completed for all staff files reviewed. Of the seven files reviewed, five staff had not received a recent performance appraisal: four staff were last appraised in 2024 and one had not been appraised since 2023. The facility manager was aware of the issue and had compiled a list of required appraisals. Performance appraisals are now linked to staff start dates to spread them evenly across the year. Five appraisals due in January 2026 had been completed.	Not all staff have had an opportunity to discuss and review performance on an annual basis as defined in policy documentation.	Provide evidence to show that staff have had an opportunity to discuss and review performance on an annual basis as defined in policy documentation. 90 days
Criterion 4.1.2 The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and	PA Moderate	There has been work undertaken on external areas of the facility since the previous (certification and surveillance) audits. The external environments in all resident areas had improved, there was seating and shade in	The external physical environment was neither safe, well maintained, nor tidy. There is no clear access to the designated emergency assembly area in the car park when exiting via the external side door of the Korimako wing. In addition, the	Ensure all external areas are safe and that emergency egress routes from the Korimako wing to the evacuation assembly area are accessible. Provide evidence of a plan for refurbishment of the facility.

independence.		the gardens, and external areas were easily accessible to residents in the secure dementia care areas of the facility; residents were observed using these independently. An area of concern remains outside Korimako dementia care unit. The 'back' garden (as opposed to the central courtyard) was unsafe. There are two gates leading from this area; one is locked with a bolt from the other side and the other only has a high-level bolt across the top of the gate. Access through these gardens forms part of the emergency exit plan. To evacuate through one gate, the bolt must be undone from the opposite side, which would delay evacuation and is unsafe. The other gate has a high-level bolt that presents several risks. The bolt can be easily undone by any resident in the garden; once through, the fence on the other side is low enough to scale, particularly as a bench and chair are positioned against it. This area is also intended to function as an exit route; however, the pathway was obstructed by plant cuttings and stored personal protective equipment (PPE) under a tarpaulin. Additionally, the fence at the end of the egress corridor was supported by large pieces of	Korimako wing garden does not have appropriate security measures in place to prevent unauthorised exit from the secure unit. Internal areas of the facility require refurbishment, particularly painted areas.	90 days

		wood positioned to hold it upright; these were immovable when attempts were made to move them. This presents a significant safety risk. In addition, there remain internal areas of the facility that show signs of wear and tear, for example, around door handles, areas where equipment has impacted walls, and areas where repairs have been completed but not repainted. Internal refurbishment is still required within the facility.		
Criterion 4.2.7 Alternative essential energy and utility sources shall be available, in the event of the main supplies failing.	PA Moderate	Eastcare has some supplies available in the event of an emergency, most notably food supplies. The service holds 825 litres of water on site, which is less than that recommended by the National Emergency Management Agency (the requirement is for 3 litres per day for seven days, therefore at least 987 litres, or more given staff are likely to be on site). In addition to this, most of the water was overdue for replacement. The service has torches and a barbeque available, but only one gas bottle, which may or may not be full at any given time. There are insufficient resources available to manage in an emergency, for example, torches and batteries, emergency	There were insufficient civil defence supplies available to meet the requirements of the residents and staff who may be in the facility during a civil defence emergency. There was insufficient water stored to meet the recommendations of the National Emergency Management Agency, and some of the water was outside of its expiry date.	Ensure there are sufficient civil defence supplies available to meet the requirements of residents and staff during a civil defence emergency. Ensure sufficient water is stored to meet the recommendations of the National Emergency Management Agency, and that the water is monitored for expiry dates. 60 days

		‘hard hats’ or high-vision clothing, radios etc.		
Criterion 6.1.6 Health care and support workers shall be trained in least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and de-escalation techniques within a culture of continuous learning.	PA Low	The education programme had been implemented in the service. Staff had received education related to the management of alternative cultural-specific interventions and de-escalation techniques via the facility’s electronic online training system and through staff from the Te Whatu Ora Mental Health of Older Persons Service. Training on the restraint process was on the education calendar for April 2025; however, while staff interviewed were knowledgeable about the restraint process and monitoring, there had been no education on least restrictive practice, safe practice, or the use of restraint in 2025 or 2026.	No education on least restrictive practice, safe practice, or the use of restraint had been delivered in 2025 or 2026.	Provide evidence that staff have received education on least restrictive practice, safe practice, and the use of restraint. 180 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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 2.2.4 Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.	CI	With the exception of internal audits (refer criterion 2.2.3), external and internal risks and opportunities, including potential inequities had been planned for with strategies developed to manage any deficits. The FM described a specific area of internal risk in relation to a high number of adverse events in 2024—particularly falls, medication errors, and behavioural incidents—Eastcare implemented a structured quality improvement project in 2025 to address these events. Analysis had identified gaps in clinical oversight, staff education, and preventative strategies, prompting a targeted, data-driven approach with clear reduction goals and ongoing monitoring. Key interventions included increasing RN hours to strengthen clinical oversight, introducing an electronic resident management system to improve risk assessment and documentation, and conducting monthly adverse event reviews to identify trends and high-risk residents. Falls prevention strategies focused on updated risk assessments, root cause analysis, staff training, environmental modifications, sensor mat use, and intentional ‘rounding’ (scheduled resident checks based around resident assessed risk). Medication safety improvements included RN-led	Eastcare has reduced the number of adverse events using a focused plan to reduce resident harm.

		medication administration, enhanced GP/NP oversight, reduced sedative use and polypharmacy, and stronger pharmacy collaboration. Behavioural support was enhanced through trigger analysis, specialist training, proactive monitoring, and redevelopment of individualised 24-hour dementia care plans. Comparative data from January–December 2024 and 2025 showed significant reductions: falls decreased by 38.5%, medication errors by 90%, and behavioural incidents by 88.9%. Overall, the initiative achieved measurable improvements in resident safety, clinical practice, and quality of care. Eastcare has reduced the number of adverse events using a focused plan to reduce resident harm.	

End of the report.