Elmswood Court Lifecare Limited - Elmswood Retirement Village

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:	Elmswood Court Lifecare Limited
Premises audited:	Elmswood Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 27 January 2026 End date: 28 January 2026

Proposed changes to current services (if any): The 54-bed rest home (Cedar, Rata, and Kowhai wing) that was reported on in the surveillance audit of March 2024 as being prepared for earthquake repairs has now been closed. HealthCERT was notified in June 2025 that the 54-bed rest home will be closed and not replaced with care beds in the future. The building still houses the main kitchen and laundry, holds a current warrant of fitness and once these services can be accommodated elsewhere the building will be demolished in the future. The overall bed numbers decreased from 110 to 56.

Total beds occupied across all premises included in the audit on the first day of the audit: 30

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Elmswood Retirement Village (Elmswood) provides rest home and hospital (geriatric and medical) levels of care for up to 56 residents.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Health New Zealand. The audit processes included observations, a review of organisational documents and records, including staff records and the files of residents, interviews with residents, family/whānau, and interviews with the general practitioner, staff, and management.

Since the last audit, there have been changes in management and the number of beds with a 54-bed wing closed noting that some auxiliary services remain in the building. Bed capacity has reduced from 110 beds to 56 dual-purpose beds since the previous audit. There is a current building warrant of fitness in place. HealthCERT was notified of the changes.

The general manager holds overall responsibility for the implementation and oversight of quality and risk management activities across the service. This role is supported by the village manager, who is responsible for day-to-day operational management, and the clinical manager, who is responsible for day-to-day clinical operations.

This audit identified a shortfall in the timely evaluation of long-term care plans and in the level of detail provided within care plans to guide care delivery.

The service has achieved continuous improvement rating related to the activities programme.

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.

Elmswood Retirement Village provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of resident rights according to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) and these are upheld.

The service has connections with local iwi through their Māori advocate and has a Māori health plan documented. A Pacific health plan is in place to ensure culturally appropriate services for Pacific residents. Staff receive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, enhancing their understanding of accessibility barriers.

Policies are in place around the elimination of discrimination, harassment, and bullying. The informed consent process is well understood and implemented by staff. Complaint processes are equitable with complaints promptly resolved in collaboration with family/whānau.

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.

There is a documented 2025-2030 business plan that includes a mission statement, philosophy, and objectives of the service. There is an implemented quality and risk management system, with internal audits and meetings occurring as scheduled.

Human resources policies cover recruitment, selection, orientation, and staff training and development. A thorough induction programme provides new staff with essential information for safe work practices. An in-service education/training programme addresses relevant aspects of care and support, and external training is supported. The staffing policy meets contractual requirements and ensures appropriate skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet residents' needs.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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

The service has admission information for residents and/or family/whānau with this provided prior to or on entry to the service. The village and clinical managers efficiently manage the entry process to the service. The registered nurses assess, plan and review residents' needs, outcomes, and goals. The care plans demonstrated individualised care.

The planned activity programme provides residents with a variety of individual and group activities and supports them to maintain their links with the community. There were adequate resources to undertake activities at the service.

Medication policies reflect legislative requirements and guidelines. The registered nurses and medication competent healthcare assistants are responsible for administration of medicines. They complete annual education and medication competencies. The

electronic medicine charts reviewed meet prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission, and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

Residents are referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

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

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

A current building warrant of fitness is in place and displayed. There is a planned and reactive maintenance programme in place. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Fixtures, fittings, and flooring is appropriate, and toilet/shower facilities are constructed for ease of cleaning. The call bell system is operational.

Appropriate training, information, and equipment are in place to support staff response to emergencies. An emergency management plan and approved evacuation scheme are in place, and adequate civil defence supplies are available to support residents and staff for at least three days, including during outbreak situations. At least one staff member with current first aid training is on duty at all times.

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

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

The infection prevention and control and antimicrobial stewardship programmes are tailored to the service's size and complexity, approved by the chair of the board, and integrated into the quality improvement system. There is a documented pandemic and outbreak response plan. The facility has adequate resources and personal protective equipment, and staff are appropriately trained.

The registered nurse oversees infection surveillance, sharing infection control data with staff, and ensures that general practitioner and external consultant recommendations are implemented. Policies and processes for managing waste, infectious, and hazardous substances are confirmed through document review and staff interviews. The effectiveness of laundry and cleaning processes is monitored via the internal audit system and ongoing management observations.

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.

Policies and procedures for restraint minimisation / elimination and safe practice align with the standard. On the days of the audit there was one resident using restraint. The restraint coordinator is the clinical manager (a registered nurse). Staff have ongoing training in the least restrictive practice and in safe use of restraint.

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	28	0	1	0	0	0
Criteria	1	173	0	2	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	There is a Māori health plan and cultural awareness policy that describes the Māori perspectives of health and a commitment to Te Tiriti o Waitangi. Elmswood Retirement Village has established connections with a local marae and iwi through their Māori advocate. The Māori advocate was available on day one to lead the formal welcome. The business plan and quality and risk meeting minutes reviewed evidenced leadership commitment to ensure all aspects of service delivery is culturally safe. The recruitment policies include provision of an equitable recruitment process. A documented Māori workforce response plan confirmed that the service supports a Māori workforce through an equitable recruitment process. At the time of the audit there were no residents who identified as Māori. Staff received training on Te Tiriti o Waitangi, Māori health policy, tikanga practices and te reo Māori. There were current staff members who identified as Māori at Elmswood Retirement Village. When Māori residents are admitted, self-determination, cultural values, and beliefs of Māori residents and family/whānau are documented in a resident care plan. All staff have access to relevant tikanga guidelines. Te reo Māori is

		encouraged to be used in general conversations within the facility. Interviews with management (quality advisor, village manager, clinical manager, and general manager [managing director]) and 18 staff (seven healthcare assistants (HCAs), educator, housekeeper coordinator, a housekeeper, three registered nurses (RNs) including the unit coordinator, two activities coordinators, kitchen chef, and two of the maintenance team) confirmed that mana motuhake is respected and the employees and organisation are well-equipped to deliver equitable 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	There is an Ola Manuia: Pasifika Health and Wellbeing Plan in place, which documents care requirements for Pacific peoples to ensure culturally appropriate services. The plan includes the fonofale model of care for use with Pacific peoples. Engagement with Pacific communities is facilitated by Pacific staff members and the Māori advisor. Ethnicity information and Pacific people's cultural beliefs and practices that may affect the way in which care is delivered is documented on admission to the service. At the time of the audit there were no residents who identified as Pasifika. There were current staff members who identified as Pasifika at Elmswood Retirement Village. Interviews with the staff confirmed that they understood the equity issues faced by Pacific peoples. The service partners for Pasifika support through Health New Zealand to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes. There are equitable recruitment and education processes to recruit and upskill Pacific staff.
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	FA	Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is displayed on posters and brochures available in te reo Māori on entry to the facility. Brochures on the Code and the Nationwide Health and Disability Advocacy Service are also available. Interviews with five residents (one rest home and four hospital residents) and five family/ whānau (one rest home and four hospital) confirmed that staff are

way that upholds their rights and complies with legal requirements.		respectful and considerate of residents' rights in line with the Code. The village manager confirmed the involvement of independent advocacy when required. The service actively supports and encourages family/whānau engagement and welcome visits. Residents and family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service and were provided with opportunities to discuss and clarify their rights. The quality and risk committee meeting minutes affirmed leadership commitment to respecting and upholding Māori autonomy and mana motuhake.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	Resident file reviews and interviews with staff, residents, and family/whānau confirmed that Elmswood Retirement Village is inclusive of each resident's identity, including their values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics. Staff were observed to maintain privacy throughout the audit. All residents have a private room. Care plans included respect for advance directives and personal wishes, as well as efforts to promote independence. Staff demonstrated their understanding of the principles of Te Tiriti o Waitangi and how to apply these in their daily work. Māori language is prominently featured in the facility's signage and posters, including the activities programme. Management is committed to respecting and upholding Māori autonomy, language, and mana motuhake. Māori cultural days are celebrated and include Matariki and Māori language week. The service continues to incorporate training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting and facilitating te ao Māori. A sexuality and intimacy policy is in place with training part of the

		education schedule. Staff were observed to use person-centred and respectful language with residents. A spiritual care policy is documented and implemented. Spiritual needs are identified, church services are held, and spiritual support is available. The registered nurses and healthcare assistants interviewed explained how the service meets the residents cultural and spiritual needs. Te reo Māori signage was visible throughout the facility and staff have access to the Māori health plan, which they reference and implement regularly in their daily activities. Satisfaction surveys reviewed confirm that residents and families/whānau are treated with respect, Interviews with family/whanau evidence staff develop and maintain a respectful and strengths-based understanding of the older person. Staff confirmed they support residents to make choices. There are private spaces and lounges where privacy can be found for family/whanau to spend time together.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Staff demonstrated a clear understanding of the service's policy on abuse and neglect, including the appropriate actions to take if any signs were observed. A Discrimination, Equity, Diversity, and Inclusion Policy is implemented. The audit found no instances of discrimination, coercion, or harassment in staff, resident, or family/whānau interviews or in the reviewed documentation. House rules, code of conduct and professional boundaries are included in the employment agreement. Police vetting is provided before considering employing or engaging individuals in their roles. Staff demonstrated an understanding of what Te Tiriti o Waitangi means to their practice. A Protection of Accounts policy for residents is implemented. The service follows a process of managing residents' finances through invoicing. All resident's property is labelled at the time of admission and when other property is added to ensure items are identified clearly as belonging to an individual. The resident file documents property for each resident and there are environment internal audits which are conducted to ensure compliance with the policy.

		The results confirmed that residents' needs are being met, with audit reports showing full compliance in these areas. Interviews with staff and management confirmed their commitment to fostering a positive, inclusive, and safe working environment. They are encouraged to address issues of racism and acknowledge their own biases, ensuring a supportive and equitable workplace. Staff interviewed expressed confidence in raising concerns about institutional and systemic racism, knowing that such concerns would be addressed. A strengths-based and holistic model of care is implemented ensuring wellbeing outcomes for Māori is achieved. Interviews with residents and family/whanau stated residents are supported in their right to control their own money unless it is otherwise stated.
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	Information related to the service and what to expect when entering the service is provided to residents and family/whānau on admission. Residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. Residents and family/whānau interviewed provided positive feedback, noting that communication is open and effective. A review of adverse event forms confirmed that family/whānau were notified of any events or incidents. The contact details for family/whānau and the enduring power of attorney (EPOA) are kept current, with a secondary contact noted if the EPOA was unavailable. A general practitioner (GP) interviewed confirmed timely communication and appropriate follow ups. The clinical manager described an implemented process around providing family/whānau with time for discussion around care, time to consider decisions and opportunity for further discussion, if required. The delivery of care includes a multidisciplinary team and family/whānau are communicated to with regard to services involved. At the time of the audit there were residents who could not speak and understand English. The support auditor interviewed the residents with an interpreter present. The interpreter confirmed that

		the resident felt they could make themselves understood. Their means of communication was documented in a care plan. Family/ whānau stated they receive newsletters and participate regular residents and family/whānau meetings.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.	FA	There are policies documented around informed consent. Informed consent processes are discussed with residents and family/whānau on admission. Resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares are included and signed as part of the admission process. Specific consent has been signed by the resident or their enduring power of attorney (EPOA) for procedures such as influenza vaccines, and other clinical consents. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care. The admission agreement is 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' file and is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity is on file. Advance care planning and resuscitation discussions are addressed within the admission policy and are implemented in practice. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner has made a medically indicated resuscitation decision. There is documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their family/whānau. Discussions with the HCAs and RNs confirmed that staff understand the importance of obtaining informed consent for

		providing personal care and accessing residents' rooms. Training has been provided to staff around the Code, including informed consent. The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care. The management has a good understanding of the organisational processes to ensure Māori residents involve the family/whānau for collective decision making. Support services for Māori are available.
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	The complaints procedure is provided to residents and family/whānau on entry to the service. The village manager maintains a record of all complaints, both verbal and written, by using a complaint register. Documentation including follow-up letters and resolution demonstrated that complaints are being managed in accordance with guidelines set by the HDC. There have been nine complaints made since the previous audit in March 2024. All complaints has been closed off and resolved to the satisfaction of the complainants. There were no trends identified in the complaints received. No complaints were received from external agencies. Staff are informed of any complaints (and any subsequent corrective actions) in staff meeting minutes (sighted). There is a complaints and advocacy policy documented. Interviews with residents and family/whānau confirmed they were provided with information on the complaints process. Service feedback forms are easily accessible at the entrance to the facility. The village manager described their understanding that Māori prefer to have in person communications. There is a complaints/concerns form available for residents and family/whānau to make a complaint and express a concern. Residents are updated at the three-monthly resident meeting. Residents confirmed this when interviewed, meeting minutes reflected discussions with residents around what is going well and what could be improved. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose.

Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. 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.	FA	Elmswood Retirement Village provides rest home and hospital level of care (medical and geriatric) for up to 56 residents in its 31 apartments and 25 care rooms that sits within the grounds of a well-established village. Elmswood Retirement Village is privately owned by a company of a small group of shareholders, one of whom is the general manager (managing director). All 56 beds are dual purpose beds. There are 30 residents residing in the facility at the time of the audit including 27 residents at hospital level care (22 in the care rooms and five in the apartments including one on respite care) and three rest home residents (all in the apartments). All residents are on the age-related residential care contract (ARRC). There are no double or shared rooms across the care rooms or apartments. The quality and risk committee is the governance group (oversight of clinical and operations), and there are monthly quality and risk meetings with (not limited to) the general manager, village manager, clinical manager and RN unit-co-ordinator. The quality advisor contributes to the meeting either in writing or in person as appropriate. The general manager (GM) is responsible for the oversight and implementation of quality and risk activities and chairs the quality and risk meetings. Clinical performance is discussed at the monthly quality and risk meetings. The governance group (quality and risk committee) supports residents and family/ whānau to participate in the planning, implementation, monitoring, and evaluation of service through feedback from residents' meetings and through the complaints management process. There is a business plan documented 2025-2030 and this includes the mission, values, and philosophy along with goals documented. The quality plan cascades from the business plan. There is a quality and risk report tabled at the quality and risk meetings that identify barriers to care and address equitable outcomes for tāngata and Māori. The general manager, village manager and clinical manager interviewed confirmed their understanding of their obligation to comply with the relevant standards, regulation, and legislation and, including understanding of the services obligations under Te Tiriti,

		health equity, cultural safety and how the service improves outcomes to achieve equity for tāngata whaikaha, people with disabilities. All members of the quality and risk committee have completed cultural training to evidence cultural competency. They are supported when required by a Māori advisor. The quality and risk committee receives a Māori Hononga – relationship plan report twice yearly to provide updates on how cultural awareness is incorporated into the Elmswood Village Community through various events and activities. Performance of the service is monitored through satisfaction surveys, clinical performance indicator data, staff incident reporting, internal audit results, the complaints process, and resident, family/whānau and staff input through feedback and meetings. The quality and risk report also includes clinical data, analysis and trends, health and safety information, information on staffing, outcomes of internal audits, progress on corrective actions. The goals relating to operational and clinical effectiveness, are clearly identified, monitored, and reviewed bi-annually. There has been a change in management since the previous audit. The general manager (GM) has been in their role for the last 18 years. They are supported by a full-time village manager (with previous aged care experience and a background in business management) who has been in the role since June 2024. They are further supported by a full-time clinical manager with aged care experience who has been in the role since November 2024. They have responsibility for clinical oversight. A quality advisor is casually employed to assist with planning, drafting and review of all policies and procedures and to oversee the internal audit schedule and corrective action requirements. The clinical manager and village manager have completed comprehensive orientation to their role and completed the required leadership activities related to the management of an aged care facility.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are	FA	Elmswood Retirement Village has implemented a quality and risk management programme that includes performance monitoring through internal audits and the collection of clinical indicator data. A

responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.		meeting schedule is implemented and evidence staff participation in the quality programme. Internal audits are conducted according to the schedule, and any corrective actions identified are used to enhance service delivery. Internal audits schedule includes clinical audits which include monitoring against policy and contractual requirements. Resolved issues are signed off and discussed at the monthly combined quality and risk committee meeting. There are other meetings including the quarterly full staff meetings; quarterly care lead (level four HCAs); kitchen, activities, support services meetings; and clinical focussed meetings. Quality data on infections, restraint use, incidents, and wounds is collected, analysed, and reviewed at the monthly quality and risk committee meetings. Data is compared to previous months and plans are developed to respond to any areas of concern. Progress with the quality programme/goals is monitored and reviewed through the quality and risk committee meetings. Family/whānau and resident satisfaction surveys are conducted annually with the July 2025 results indicating high levels of satisfaction with the service. Continuous improvement activities related to the food service and activities programme for hospital level residents have been well documented, and progress reported on since July 2024. Policies and procedures are current and reflect good practice; being embedded throughout service delivery and maintained in electronic format, and staff have confirmed they can access these documents as needed. Cultural safety is reflected within the quality programme with collation of ethnicity data related to adverse events and infections. The process provides for critical analysis of organisational practices to improve health equity. Staff complete comprehensive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, which builds their knowledge and awareness of the importance of addressing accessibility barriers. This training, health literature resources, and cultural connections ensure that all staff are well-equipped to deliver high-quality healthcare for Māori. Residents have input into quality improvements to the service, providing feedback through resident meetings. The residents

		interviewed stated their satisfaction with choices, decision making, and access to services that contribute to their quality of life. Each incident/accident is documented in the electronic quality management system. Adverse event forms reviewed indicated the forms are completed in full and signed off by a registered nurse (RN) or clinical manager. Incident and accident data is collated monthly and reported in the bi-monthly clinical RN meetings and quality and risk committee meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow-up by a RN. Opportunities to minimise future risks are identified by the clinical manager and RNs. Health and safety meetings occur monthly, and issues are reported and discussed at the staff meetings. There are health and safety representatives that monitor hazards and risks. Hazards are documented and addressed. There was a current hazard and risk register in place. Staff received education related to hazard management and health and safety at orientation and annually. The meeting minutes reviewed evidence leadership commitment to health and safety and staff wellbeing. Discussions with the village manager and clinical manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There were events that required a section 31 notification, and these were reported appropriately. There have been severity assessment code (SAC) reports required to be notified to the Health Quality and Safety Commission (HQSC). These were completed as required. There were no outbreaks required to be reported since the last audit. The change in managers were appropriately notified to HealthCERT at the time. The facility notified HealthCERT in June 2025 of their intention to close the 54-bed rest home wing indefinitely and the overall bed numbers have changed from 110 to 56.
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.	FA	There are policies and procedures that describe safe staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. The clinical manager, RN unit

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.		coordinator, and village manager are on-site fulltime from Monday to Friday. In addition to management and the unit coordinator, there is a RN on each shift 24/7. When the clinical manager is not on-site, the RN unit coordinator provides clinical oversight. The village manager and clinical manager are available after hours on call service for operations and clinical issues, respectively. The facility roster is divided into two areas: the apartments and the care rooms. A sufficient number of healthcare assistants are allocated to ensure residents needs are met in each area. Interviews with staff identified that staffing is adequate to meet the needs of residents. Staff and family/whānau are informed when there are changes to staffing levels, as evidenced in various meetings. Residents and family/whānau interviewed did not raise staffing issues and confirmed that staff are attentive to resident's needs. The activities team provides activities Monday to Sunday. There are staff to perform non-clinical tasks including kitchen, housekeeping including laundry, gardening, and maintenance. There is an annual education and training schedule in place, overseen by an educator. The education schedule has been fully implemented to date and covers all mandatory training, as well as a range of topics related to caring for the older person. Staff confirmed to have relevant knowledge and skills about caring for their cohort of residents, their medical conditions, and the management of these. The education plan evidence topics were provided and completed. Staff reported they are provided with training through on-line tools in the Employment Hero HR programme and formal face to face in-service training. Registered nurses are provided with relevant clinical training through on-line tools, in-service sessions and external training opportunities. The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 30 healthcare assistants (HCAs) employed and 26 of the 30 HCAs have achieved level three and four Careerforce qualifications. Staff completing NZQA qualifications have access to Careerforce assessors. All staff are required to complete competency assessments as part of their orientation and include activities of daily living (ADL), hand hygiene; restraint, correct use of personal protective equipment

		(PPE), manual handling, and transfer competencies. In addition to the mentioned competencies, the care leads (level four HCAs) and RNs are required to complete wound care competencies and neurological observation competencies. Competencies were completed as required. Staff who administer medication complete an annual medicine competency and a record of completion is maintained. Staff training records showed that they completed training related to Māori health outcomes related to disparities and health equity. Staff interviewed were knowledgeable around these subjects and confirmed that their cultural training is ongoing. There are 11 RNs employed (including four casual RNs, the clinical manager, quality advisor, and RN unit coordinator). Seven are interRAI trained. Staff reported a positive work environment, and an employee assistance programme is available to them, when required.
Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	FA	There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Nine staff files were selected for review, which evidenced recruitment processes are being implemented and includes reference checking, qualifications, employment contract, and job descriptions. A register of practising certificates is maintained for all health professionals. Staff interviewed were knowledgeable around their individual job descriptions, responsibilities, and accountabilities. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice. Competencies are completed at orientation and then as part of the ongoing education plan. Elmswood Retirement Village demonstrated that the orientation programme supports the RN and healthcare assistants to provide a culturally safe environment to Māori. Staff performance appraisals are scheduled and completed as they become due, as sighted in the staff files. All staff files were kept secure and confidential. Staff ethnicity data is collected and recorded. Staff stated communication and teamwork are positive

		and the village manager reported that debrief and discussion occur following any incidents.
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	Resident and staff records are electronic. The medication management system is electronic. The medication management system is secure and require user identification and passwords to access. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The village manager is the privacy officer and oversee all requests related to health information. The service is not responsible for National Health Index registration.
Subsection 3.1: Entry and declining entry The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.	FA	The acceptance, waitlist, and decline entry to service policy guides the admission and decline entry to the service. All prospective residents meet with either the facility manager or clinical manager prior to admission. Information packs are provided to prospective residents and their family/whānau to support informed and timely decision-making about entry to the service. Elmswood maintains a record of all enquiries received. This includes monitoring how many enquiries progress to admission. Interview with village manager and review of service records confirmed there have been no declined entries in the past two years. Review of resident files confirmed that admissions to the service were completed in accordance with documented entry criteria. Review of resident files (six) confirmed that placement documentation from needs assessment and service coordination (NASC) was present and verified that each resident had approval for the appropriate level of care. Admission agreements aligned with

		contractual and legislative requirements, including clearly documented service inclusions and exclusions. Residents and family/whānau interviewed reported that they received sufficient information prior to and on entry to the service, and described the admission process as respectful, well-coordinated, and responsive to their needs. Admission decisions are based on assessed need and the service levels under which the facility operates, with the village manager or clinical manager available throughout the process to respond to enquiries and support decision-making. Where entry to the service is delayed, residents and whānau are kept informed of the status of their application. The service recognises the importance of culturally responsive practice. Information is available in both English and te reo Māori, and the service has a Māori advisor/advocate who provides cultural advice and support for residents and staff as required. The service demonstrates a commitment to recognising and supporting tāngata whenua through culturally responsive care, staff education, and whānau involvement. When a resident is accepted for admission, staff facilitate a welcoming and mana-enhancing transition into the service. Orientation processes include introductions to staff, explanation of routines, guidance on call bell use, and familiarisation with the environment.
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	PA Low	Six resident files were reviewed: five hospital level care (including one resident on respite level of care), and one rest home level care. The registered nurses are responsible for all residents' assessments, care planning, and evaluation of care. Residents and family/whānau interviewed report they were involved in the assessment, care planning, and review process, as evidenced in the files reviewed. Cultural policies guide staff to engage with Māori residents and whānau to identify and minimise barriers to care and to support the identification of pae ora outcomes during assessment and care

		planning processes. All residents have admission assessment information collected and an initial assessment and care plan is completed at the time of admission. All reviewed files (except the resident on respite care) had interRAI assessments completed. The resident on respite care had a comprehensive initial care plan completed that identified risks and early warning signs to manage needs effectively. The assessments inform the care plans which include details to manage all medical, social and cultural needs. A diversional therapy/activity profile is completed at the time of the completion of the long term care plan. InterRAI reassessments were completed at least six-monthly, or earlier where there was a significant change in a resident's health status. Review and formal evaluation of long-term care plans were not consistently completed within a timely manner to reflect reassessment outcomes or changes in residents' clinical presentation. The long-term care plan includes interventions to guide care delivery; however, interventions in care plans does not always reflect assessed needs of the residents. The care plans are holistic and align with the service's model of person-centred care. Short-term care plans were used to manage acute or emerging health issues such as infections, weight loss, and wounds, with relevant interventions added to long-term care plans as required. The service contracts two general practitioners (GP) from separate practices to provide weekly on-site visits and additional reviews as required. Residents are assessed by a GP within five working days of admission, with GP reviews completed at least three-monthly thereafter. After-hours medical support is accessed by phone to the resident G.P. or, if unavailable, through a 24-hour medical service. Ambulance services are used where urgent medical assessment is required. One GP was available for interview during the audit and expressed satisfaction with the standard of care and the RN competence at Elmswood Retirement Village. Allied health assessments and interventions were documented and integrated into residents' care plans. The service contracts a physiotherapist, podiatrist, and ear health nurse to provide regular visits. Referrals are initiated as required to other allied health and

		specialist services, including (but not limited to) dietitians, continence services, wound care, and palliative care providers. Healthcare assistants and registered nurses interviewed described a verbal handover process at the beginning of each shift to support continuity of service delivery. A handover was observed on the day of audit and was found to be comprehensive. Progress notes are completed on morning and afternoon shifts by healthcare assistants and at least daily by registered nurses. Registered nurses document additional entries as required, including following incidents, GP visits, or changes in residents' health status. Night shift reports are based on exception reporting. Residents interviewed reported their needs and expectations were being met, and family members confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the RN, who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes, and any changes to health status, and this was consistently documented in the resident's progress notes. A wound register is maintained. On the day of the audit, there were nine residents with active wounds (skin tears, abrasions, and chronic ulcers). All wounds had comprehensive wound assessments, wound management plans, and documented evaluations, including photographs (if required) to show healing progression. The healthcare assistants and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources. Care plans reflect the required health monitoring interventions for individual residents. The healthcare assistants and the registered nurses complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; and blood glucose levels. All monitoring reviewed was implemented as scheduled. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.

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 service delivers an individualised and meaningful activities programme that is aligned with its Diversional Therapy – Quality of Life policy, which aims to promote a friendly, warm, and interactive environment that supports socialisation and mental and physical stimulation. The programme promotes optimum quality of life through the provision of varied physical, social, and intellectual activities and enables residents to participate according to their individual capabilities, preferences, likes, and dislikes. On admission, residents' interests, life history, cultural identity, daily routines, and social preferences are captured through a resident profile completed by an activities team member in the resident electronic system. Where residents are unable to provide this information, input is sought from family/whānau or resident representatives. This information informs individualised activities care plans and contributes to holistic assessment and care planning, ensuring activities reflect residents' identity, abilities, and personal history. The activities programme is delivered by an activities team comprising of one full-time social coordinator/team leader and two part-time activity coordinator's, both were interviewed. The social coordinator/team leader holds a recognised diversional therapy qualification, and the other two are actively working toward a diversional therapy qualification. All activity staff hold current first aid certificates. The activity coordinators develop and implement two structured programmes, one for apartment residents and one for residents in care rooms, with flexibility to adapt activities in response to residents' interests, abilities, and changing needs. All care level residents are invited to participate in whichever programme they choose, and assistance is given to attend the location of their preference. Programmes are run simultaneously, providing residents with varied options for participation throughout the day. The village manager provides oversight of the activities programme to ensure residents' needs are met. The activities programme includes a range of physical, cognitive, social, group, and one-to-one activities and is delivered five days per week. Healthcare assistants and volunteers support the implementation of the programme, particularly in the weekends.

		Volunteer involvement includes high school students and community volunteers who assist with activities, resident visits, and practical tasks such as seasonal decorating, enhancing social connection and engagement. Additional support is provided by volunteers who contribute cultural and language skills to support meaningful interaction with a non-English speaking resident. Residents are actively involved in shaping the activities programme through resident meetings, where they are invited to contribute ideas and preferences. Programme content and attendance is reviewed at the team monthly meetings, and identified improvements are documented and incorporated into ongoing planning. Cultural, spiritual, and community connection is actively supported through the activities programme. Over the past year, activities have included acknowledgement of Waitangi Day and Matariki, with culturally meaningful activities such as spin poi, flax weaving, and themed quizzes. The service also demonstrated strong community engagement through hosting a marae blessing of the care building, involving residents, staff, whānau, and the wider Elmswood community, and incorporating waiata, karakia, shared kai, and the Lord's Prayer. Spiritual wellbeing is further supported through regular in-house ecumenical church services facilitated by visiting ministers and parishioners, this includes fellowship opportunities. The service also celebrates cultural diversity through a range of events that reflect the nationalities of residents and staff, including Chinese New Year, International Mother Language Day, St Patrick's Day, and cultural presentations led by staff and visiting groups. Residents' participation and responses to activities are documented in resident electronic management system. The activities team communicate relevant information to registered nurses and management to inform ongoing care planning. The effectiveness of the activities programme is reviewed in conjunction with six-monthly care plan evaluations, interRAI reassessments, and multidisciplinary team reviews. The service demonstrates a well-resourced, person-centred, and culturally responsive approach to individualised activities provision. The activities programme is well embedded, aligns with organisational policy, and supports residents' choice, independence,

		identity, and quality of life. In 2024, resident and family satisfaction survey results identified activities as an area for improvement. While overall satisfaction across most service areas was high, feedback indicated that the activities programme lacked sufficient variety, did not consistently reflect residents' individual interests and preferences, and was associated with low attendance for some group activities. This was particularly evident for residents receiving hospital and rest home level care, where activities were perceived as less responsive to varying abilities, energy levels, and personal choice. The 2024 resident and family satisfaction survey reported activities satisfaction at 75%, with 25% of respondents indicating they were less than satisfied. Review of the survey findings confirmed that activities were a relative outlier compared with other service domains, such as care delivery, meal services, and maintenance. The service acknowledged this feedback and identified activities as a focus area for improvement. In response to the 2024 survey results, the service strengthened its activities workforce through the employment of an additional activities coordinator to increase capacity, improve coverage across levels of care, and enable more individualised and flexible delivery of activities. The activities programme was redesigned to increase variety and choice, with the introduction of two complementary activities calendars to allow residents to select activities aligned with their interests, abilities, and daily wellbeing. The revised programme incorporates a broad range of physical activities, such as chair-based exercises, gentle stretching, mobility and balance activities, and guided walking groups, supporting physical wellbeing and maintenance of function. Cognitive activities were expanded to include quizzes, puzzles, word games, reminiscence sessions, and facilitated discussions to support memory, concentration, and mental stimulation. Social activities include group games, music sessions, sing-alongs, themed events, and small-group gatherings designed to promote social connection and reduce isolation. The programme also includes spiritual activities, such as church

		services, hymn singing, prayer sessions, and quiet reflective time for residents who wish to participate. Cultural activities are supported through celebrations of significant cultural events, recognition of residents' cultural identities, and incorporation of culturally meaningful music, food-related activities, and storytelling where appropriate. For residents who prefer or require individual engagement, the service increased provision of one-to-one activities, including reading, conversation, handcrafts, music listening, sensory activities, and personalised engagement aligned with residents' life histories and interests. At the time of review, consumer feedback had been acknowledged, and improvement actions were underway. Oversight arrangements are in place to monitor the effectiveness of these changes through ongoing resident and family feedback, observation of participation and engagement, and future satisfaction surveys, with findings to inform further refinement of a well-rounded, flexible, and person-centred activities programme that supports meaningful engagement across all levels of care.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	Elmswood Retirement Village has a comprehensive medication management policy that aligns with safe medication practice and legislative requirements. All staff (registered nurse, and medication competent healthcare assistants) who administer medications complete annual competency assessments, and education on safe medication administration is provided regularly. Staff observed during the audit were administering medications safely and in accordance with policy. Staff interviewed were able to clearly describe their roles and responsibilities in relation to medication administration. The service uses an electronic medication management system. All regular and pro re nata (PRN) medications are supplied in blister packs. Medications are checked against the electronic medication chart on delivery, and any discrepancies are promptly reported to the supplying pharmacy. Treatment and medication rooms are located within the nurses'

		stations that service the services apartment area and designated dual purpose care rooms. These treatment and medication rooms have controlled entry to restrict unauthorised access. Specific security and storage requirements have been put in place for any medications requiring this. Two lockable medication trolleys are stored within this medication/treatment room, with one trolley allocated to the services apartment area and one allocated to the 25 designated dual-purpose care rooms. Medication fridges and medication room temperatures are monitored daily, and records reviewed verified temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. Eye preparations were dated on opening and discarded in accordance with manufacturer instructions. Residents' use of over-the-counter vitamins, supplements, or alternative therapies is overseen by the GP and charted on the electronic medication system. No standing orders are in use, and vaccines are not stored onsite. Twelve medication charts were reviewed. All charts included a current photograph and clearly documented allergy status. Medication charts demonstrated regular three-monthly GP reviews. Policies and procedures support residents who wish to self-administer medication; however, there were no residents self-administering medication at the time of audit. Pro re nata medications were administered as prescribed, and the effectiveness of PRN medications were consistently documented in the electronic medication system. Medication-competent staff sign for each medication administered. Residents and family/whānau are informed of medication changes, including the reason for the change and potential side effects, and this communication is documented in progress notes. The RNs and clinical manager described how they work in partnership with residents and family/whānau to ensure support is appropriate, timely, and accessible. Residents are supported to understand their medications, including their purpose and potential side effects, to promote better health outcomes. Although no residents identified as Māori at the time of audit, the service has policies and procedures in place to support culturally responsive medication management, including whānau involvement and partnership with prescribers, in alignment with Te Tiriti o

		Waitangi obligations.
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 service ensures residents receive food and fluids that meet their assessed nutritional needs and support their health, wellbeing, and quality of life. All meals are prepared and cooked on site. The kitchen was observed to be clean, well-organised, and appropriately equipped, with a current approved Food Control Plan in place. Dry goods were decanted into clearly labelled containers with recorded decanting and expiry dates. Menus are planned on a seasonal four-weekly cycle and have been reviewed and approved by a registered dietitian. Residents are encouraged to contribute menu suggestions through resident meetings and ongoing feedback, and improvements have been made to menu variety and meal quality in response to resident preferences and dietary needs. Residents and family/whānau interviewed were highly complementary about the quality, variety, and presentation of meals. The main kitchen is located in a separate wing of the facility, and meals are delivered using hot boxes to ensure food remains hot and safe at the point of service. The kitchen team included a kitchen chef, two alternative cooks, and four kitchen hands rostered across morning and afternoon shifts. The kitchen cook interviewed oversees food service delivery in the absence of the head chef. All kitchen staff have completed safe food-handling training. A food services manual is accessible in the kitchen and provides guidance on procurement, storage, preparation, and service of food. Residents' dietary needs, preferences, allergies, intolerances, and cultural or religious requirements are identified through assessment and documented in dietary profiles and care plans. Resident dietary information is provided to the kitchen team by registered nurses, including updates on allergies, modified diets (such as vegetarian, dairy-free, diabetic, pureed, or soft diets), and weight changes. Dietary profiles sighted evidenced they were up to date. Alternative meals are readily offered for residents with dislikes, intolerances, or cultural preferences.

		Weights are monitored monthly or more frequently when clinically indicated. Residents with weight loss, nutritional risk, or swallowing concerns are followed up through multidisciplinary review processes, with referrals to a dietitian or speech-language therapist initiated as required. Nutritional requirements, swallowing concerns, and food and fluid texture needs are documented in long-term care plans and communicated to kitchen staff to ensure appropriate meal provision and support. Fluid rounds are conducted twice daily, and residents have access to water jugs and glasses in their rooms to promote adequate hydration. Residents who require assistance with eating and drinking are identified, and staff were observed providing respectful support during mealtimes. Modified utensils and adaptive cutlery are available to promote independence. Residents may choose to dine in the dining rooms or in their own rooms, and these preferences are accommodated. The service uses an electronic food service system that supports oversight of cleaning schedules, fridge and freezer temperature monitoring, and alerts for overdue tasks or anomalies. All temperature records sighted were within required limits. Food temperatures are monitored at appropriate stages of preparation and service. Staff were observed wearing appropriate personal protective equipment, and chemicals were stored safely. Meals were attractively plated and served in the main kitchen and transported in a hot box to the care rooms dining room. Food for rest home residents is plated and served by the chef or cook directly from the apartment kitchenette bain marie in the dining room to ensure food safety, temperature control, and consistency. The kitchen team demonstrated an understanding of tikanga Māori, including principles of tapu and noa in relation to kai. Tikanga guidelines were displayed and available to staff. Menu options reflecting cultural celebrations are incorporated, and culturally appropriate foods are provided for special occasions. Residents identifying as Māori are offered culturally preferred food options as part of a holistic and inclusive menu approach. Feedback on food services is actively sought through daily verbal feedback, written feedback forms, resident meetings, and annual

		satisfaction surveys. The kitchen chef / cooks are accessible to residents and family/whānau to address any concerns promptly. As a result of these processes, the service has implemented quality improvements to nutrition services and food quality and has observed enhanced meal quality and increased resident satisfaction over the past year, as confirmed through resident feedback.
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	The service has documented policies and procedures in place to ensure residents experience a planned, coordinated, and safe transition, transfer, or discharge. Planned discharges and transfers are coordinated in collaboration with residents and their family/whānau, unless the resident requests otherwise, to support continuity of care and wellbeing. Registered nurses are responsible for coordinating discharge and transfer processes. This includes confirming transfer arrangements, completing required documentation, and providing comprehensive clinical information to the receiving service or health professional. Transfer processes include the use of standardised transfer documentation, comprehensive verbal handover, and provision of medication and relevant assessment information to support continuity of care between services. Residents and family/whānau are involved in all transfers and discharges and are supported, where indicated or requested, to access other health and disability services, social supports, or Kaupapa Māori agencies. Although no residents identified as Māori at the time of audit, the service has policies and procedures in place to advocate for and support Māori and whānau to receive appropriate, culturally responsive support during transition, transfer, or discharge.
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	FA	The building holds a current Building Warrant of Fitness (BWOF), confirming that earthquake related assessments have been undertaken and that the building is safe and compliant for its current use as a kitchen and laundry facility, with ongoing compliance

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.		verified through statutory inspections and maintenance programmes. The physical environment was observed to be inclusive of people's cultures and supports the practice of cultural values and beliefs. Building maintenance is currently supported by a contracted part-time maintenance person, who was interviewed during the audit. The service is in the process of training a new full-time maintenance person to assume responsibility for day-to-day building maintenance and the coordination and oversight of contractors. This staff member was also interviewed. Essential contractors/ trades services are available 24 hours as required. There is a maintenance request book for repair and maintenance requests located in the reception and two nurse's station. This is checked daily and signed off when repairs have been completed. There is an annual preventative plan which include a monthly, six monthly and annual tasks that includes electrical testing and tagging of equipment, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Electrical testing and tagging and the calibration of medical equipment, including hoists and scales, are completed in accordance with the preventative maintenance programme and were current at the time of audit. Registers for electrical testing and tagging and medical equipment calibration were sighted during the audit, and spot checks of equipment confirmed these checks were current. The facility has two vehicles, both are registered and warranted. The facility is a single-storey building that was observed to be modern, well ventilated, spacious, and designed with a homely feel. The environment includes a range of smaller nooks, separate lounge areas, seating alcoves, and two dedicated dining rooms, supporting both comfort and privacy. The service comprises two main areas, including a care wing with 25 single rooms; and 31 serviced apartments. Two main lounge areas provide sufficient space to accommodate group activities while also offering quieter areas for residents who prefer a more relaxed environment. All resident rooms have ensuite bathrooms. The rooms are spacious to provide rest home and hospital level care. Doorways are wide to support safe transfers and the safe use of mobility equipment. The

		apartments feature an open-plan kitchen, dining, and living area with a separate bedroom. Each apartment has safe, direct access to outdoor areas via doors or sliding doors. Residents are encouraged to bring personal possessions, including items of cultural or spiritual significance, and are supported to personalise their rooms to promote a sense of identity, familiarity, and belonging. All bedrooms and communal areas provide adequate natural light and ventilation. Underfloor heating and air-conditioning units are installed throughout the facility, including communal areas and resident rooms. All corridors have safety rails that promote safe mobility. Corridors are spacious, and residents were observed moving freely around the areas with mobility aids where required. Registered nurses and healthcare assistants interviewed confirmed that sufficient equipment and appropriate, safe spaces are available to support the delivery of rest home and hospital level care, and that adequate storage is provided for linen and equipment. There were sufficient numbers of mobility, staff, and visitors' toilets and in close proximity to communal areas. Toilets are well identifiable and included privacy locks. There are two secure nurses' stations (one in each area). There is a designated staff room separate from the nurse's station. A programme of environmental upgrades has been completed within the apartment areas, encompassing furniture replacement, call bell system upgrades, floor re-levelling, drainage repairs, refurbishment of walls and flooring, and ensuite upgrades. The pathways and landscaping have also been completed, and additional space has been created for the safe storage of equipment and linen. All resident rooms are fitted with at least one external window, providing natural light, ventilation, and appropriate heating to support comfort and wellbeing. There were no ongoing refurbishments or building works at the time of audit. The service recognises its obligation to ensure that new buildings and major renovations reflect the aspirations and identity of Māori. Planning processes for future development have included advice from a Māori advocate to support culturally responsive design.

Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	FA	The service has comprehensive emergency management policies and procedures in place, including emergency management, fire protection, and pandemic response. These clearly outline staff roles, responsibilities, and required actions in the event of an emergency. An emergency management plan and emergency procedures flip charts are available throughout the facility and provide clear guidance to support a safe and timely response and evacuation where required. Emergency management planning includes responses to health emergencies, civil defence events, fire, utility failure, and other emergency situations. Civil defence supplies are stored in clearly identified locations and include emergency documentation, battery packs, and essential supplies. Civil defence kits are checked regularly, and stock is replenished as required. The approved evacuation scheme remains current and has been reviewed to reflect the closure of the former rest home wing to residents, with the area now restricted to staff use for kitchen and laundry services. Fire evacuation procedures are clearly documented. Fire evacuation drills are conducted at least six-monthly, with the most recent drill completed in September 2025. The wing that continues to house the main kitchen and laundry is restricted to staff use only, is not accessible to residents, and was observed to be safe, well maintained, and fit for its current purpose at the time of audit. A current resident mobility list is maintained and readily accessible to support evacuation planning and ensure residents' needs are identified and responded to appropriately in the event of an emergency. Emergency management procedures are included in staff orientation and contractor induction processes and are reinforced through ongoing education. At least one staff member with current first aid training is available on site at all times. Back-up power arrangements are in place, and gas cooking facilities, including a gas cooktop and barbeque, are available to support food preparation during power outages. Adequate emergency supplies are held to support residents and staff during a civil defence emergency, including water storage accessible via

		dedicated taps and sufficient food supplies to support an extended emergency period. Backup oxygen supplies are available, including two small and one large oxygen cylinder. The electronic clinical system remains accessible during emergencies via tablets that are kept fully charged and supported by power packs, with contingency arrangements in place to transition to paper-based systems if required. Call bell systems are installed in resident rooms, communal toilets and showers, and lounge and dining areas. Residents were observed to have call bells within reach, and residents and family/whānau interviewed confirmed that call bells are responded to in a timely manner. The building is secured after hours, with regular security checks undertaken by staff and an external security provider. Closed-circuit television is installed in strategic locations within the building (not in bedrooms) and in external areas to support site security.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.	FA	The infection prevention and control (IPC) programme and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, is approved by the managing director and clinical manager. The infection control programme and AMS programme links to the quality and business plan. The infection control programme and AMS programme is developed by the quality advisor who provides support to the village manager and clinical manager. The quality and risk committee receive information monthly from the clinical manager where any significant events are reported. This was confirmed in interview with the general manager. Furthermore, infection rates are presented and discussed at the separate IPC, health and safety, and staff meetings. Documented evidence showed infections were reviewed with the GPs and appropriately managed. The service has access to an infection prevention and control clinical nurse specialist from Health New Zealand. Residents and

		staff are offered influenza vaccinations.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The infection prevention and control programme and antimicrobial stewardship programmes is linked to the quality system and reported on six monthly and annually. The infection control coordinator has access to the residents' GPs and Health New Zealand IPC specialists on advice related to IPC issues. The infection control coordinator have access to resident files and diagnostic results when collating data. The clinical manager is the infection prevention and control coordinator and oversees the infection control and prevention programme. There are clearly documented roles and responsibilities related to the infection control coordinator role. The infection prevention and control coordinator has completed external training around infection prevention and control and has appropriate skills, knowledge, and qualifications for the role. The infection prevention and control policies are based on the Vcare sample and has been reviewed by the quality advisor with approval by the clinical manager. The procedures and policies reflect the requirements of the Standard and are based on current accepted good practice. The infection prevention and control coordinator who is the clinical manager develops and reviews all clinical policies that may impact on HAI risk. Staff became thoroughly familiar with policies through comprehensive training provided during orientation and ongoing education sessions, consistently demonstrating adherence to these policies. Residents and their family/whānau receive infection prevention and control education tailored to their needs. Single use medical devices are not reused and were seen to be safely and correctly disposed of. Reusable items were cleaned and sterilised using equipment which is used in line with manufacturers' guidelines, and this is audited to ensure its safe working state and regular decontamination. The pandemic plan includes the management of unwell residents, management of staff and visitors, food, and laundry services. There

		is a framework for communicating significant events through the monthly quality and risk committee meeting. An outbreak response is documented, and the pandemic plan has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available at the facility, and staff have been trained accordingly. The service provides te reo Māori information around infection prevention and control for Māori residents. The policy and procedures provide guidance around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. The staff interviewed described implementing culturally safe practices in relation to infection prevention and control. The infection prevention and control coordinator and quality advisor understands the process of involvement, should there be plans for development and ongoing refurbishments of the building. The infection prevention and control coordinator procures all equipment and consumables with support from the village manager.
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	The service has an antimicrobial use policy and procedure suitable for the size, scope, and complexity of the resident cohort. The antimicrobial stewardship (AMS) programme had been approved by the general manager and clinical manager. The infection prevention and control coordinator (clinical manager) and general practitioners monitor compliance with antibiotic and antimicrobial use by evaluating medication prescribing charts, prescriptions, and medical notes, adhering to recognised New Zealand Antimicrobial Stewardship Guidelines. Infection rates are monitored monthly and presented at meetings. Action plans are developed when necessary to improve AMS activities.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the	FA	Surveillance of infections is appropriate for the size and complexity of the service. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections

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.		(including organisms) is collated onto a monthly infection summary. This data includes ethnicity, and is monitored and analysed for trends, monthly, six monthly and annually. Infection control surveillance is discussed at various meetings. The infection prevention and control coordinator oversees the infection surveillance programme. Infection prevention and control data, along with any relevant issues, and progression of infections are communicated to residents and family/whānau as needed. Interview with the infection prevention and control coordinator evidence communication processes are culturally safe. Infection prevention and control data is shared with the facility's staff, and any recommendations from the GPs are followed up. Infection prevention and control data, along with any relevant issues, are communicated to residents and family/whānau as needed. There has been no outbreaks since the previous audit. Elmswood Retirement Village staff could describe the outbreak management plan and how to implement this. There are regular training sessions for staff around management of any outbreak.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	FA	There are policies and processes for the management of waste and infectious and hazardous substances and interview with staff confirmed that policies and procedures are implemented. A housekeeper coordinator (interviewed) oversees the cleaning and laundry processes. Laundry and cleaning processes are monitored for effectiveness via the internal audit system and ongoing observations by the management team. There are housekeepers employed to provide laundry and cleaning related tasks seven days a week. Chemicals were stored securely, and a closed chemical dispensing system is used. Material safety and data sheets are available. All relevant staff have completed chemical training. The cleaners' trolleys are stored securely when not in use. The housekeeper interviewed stated they are equipped to perform their tasks. All linen, personals and kitchen items are laundered on site. Linen cupboards had enough good quality linen and towels. The laundry

		has a dirty to clean flow and folding occurs separately. There are three sluicing facilities within the service and two are equipped with sanitizers. All have appropriate PPE available and separate hand-washing facilities. Staff were aware of prevention of cross contamination and use of PPE. Both the residents and their family/whānau reported no issues with the laundry and cleaning services, noting that the facility was consistently clean during the audit days. Any concerns raised in the residents' meetings are promptly followed up, and actions are taken to address them. The infection prevention and control coordinator provides support to maintain a safe environment during construction, renovation, and maintenance activities.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	Elmswood Retirement Village demonstrates a clear commitment to restraint minimisation and elimination, supported by governance oversight through the quality and risk committee and implementation of a restraint elimination policy aligned with least-restrictive practice principles. The policy clearly states that restraint is used only as a last resort, when clinically justified, and only after all other least-restrictive strategies have been thoroughly assessed and trialled. Restraint use and progress toward elimination are formally reported through the Quality and Risk Committee, with aggregated data including the type, frequency, and duration of restraint available for governance oversight. At the time of audit, one resident was using a lap belt, as per their request due to apprehension of a fall when using their electric wheelchair. The use of the lap belt followed a comprehensive assessment process that identified safety risks which could not be adequately managed through alternative interventions alone. Documentation evidenced that less-restrictive alternatives were considered and trialled prior to restraint implementation. The clinical manager holds the role of restraint coordinator and demonstrated strong knowledge of the restraint policy, relevant legal requirements, and organisational expectations. The RN meetings chaired by the restraint coordinator provides oversight of restraint

		assessment, approval, monitoring, and review. A restraint committee chaired by the quality adviser includes the village manager, clinical manager, RN unit co-ordinator and social coordinator/team leader (DT) to oversee elimination planning, approval of type of restraint that can be used, and monitoring of restraint. The electronic resident management system supports accurate documentation, monitoring, and review of restraint use. Restraint data is recorded, collated, and reported through established organisational reporting channels, ensuring transparency, oversight, and compliance with reporting requirements. Registered nurses and healthcare assistants receive education and training in least-restrictive practice, restraint minimisation, de-escalation techniques, and safe monitoring requirements. Staff interviewed demonstrated a sound understanding of the rationale for restraint use, the necessity of trialling alternative interventions, and their responsibilities in monitoring and safely supporting the resident.
Subsection 6.2: Safe restraint The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first. Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.	FA	Review of the resident file for restraint use evidenced extensive consultation with the resident and family/whānau, assessment of risks (including review of resident behaviour, physical and psychological health, and cultural considerations), exploration of alternative strategies, and the implementation of a care plan that clearly outlined monitoring requirements. Three monthly review of restraint use was completed as part of the GP resident review process within the electronic management system. Staff interviews confirmed that restraint use was clinically justified, culturally responsive, and consistent with the restraint elimination policy. Restraint assessments were completed within the electronic resident management system and included documentation of consultation, general practitioner approval, confirmation that the least restrictive option was selected, and approval by the restraint coordinator, family/whānau, and the GP. The restraint coordinator determines the frequency and extent of monitoring, which is two hourly. Monitoring requirements are

		embedded within the electronic resident management system, prompting staff to document and evaluate the resident's response to restraint. Restraint monitoring records demonstrated that healthcare assistants implemented monitoring requirements consistently, including regular checks of comfort, circulation, mobility, emotional wellbeing, toileting, pressure area care, hydration, and overall safety. Monitoring reflected a holistic consideration of the resident's cultural, physical, psychological, and psychosocial needs. A restraint register is maintained within the electronic resident management system and is reviewed as a part of the RN bi-monthly meeting chaired by the clinical manager, who is the designated restraint coordinator. Restraint data and review outcomes are discussed at the quality and risk and staff meetings to support shared oversight and continuous improvement. Three monthly evaluations were completed and documented, with evidence of interdisciplinary review, consultation with EPOA/whānau, assessment of ongoing need, consideration of cultural factors, and confirmation of the resident and EPOA wish to continue the use. The restraint register is reviewed as a part of the RN bi-monthly meeting chaired by the clinical manager, who is the designated restraint coordinator. Restraint data and review outcomes are discussed during quality and risk and staff meetings, ensuring shared oversight and continuous improvement. Three-monthly evaluations were completed and documented, with evidence of interdisciplinary review, consultation with EPOA/whānau, assessment of ongoing need, review of cultural factors, and confirmation of the resident and EPOA wish to continue the use. Any emergency use of restraint would be managed in accordance with the Restraint Elimination Policy. Such events require completion of a challenging behaviour assessment, notification of the RN On Call (after hours), and documentation, monitoring, and review to support restraint minimization and elimination.
Subsection 6.3: Quality review of restraint The people: I feel safe to share my experiences of restraint so I can	FA	Restraint use is reviewed as a part of the RN bi-monthly meeting with monthly routine data collection processes reported the monthly

influence least restrictive practice. Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.		quality and risk committee. Individual restraint use is reviewed three-monthly, and restraint practices are audited in accordance with the internal audit matrix as part of the quality and risk management programme. Evidence confirmed that restraint data analysis is completed and discussed at the RN bi-monthly meeting and quality and risk meetings (staff level and governance level), including review of restraints in use, strategies to minimise and eliminate restraint for individual residents, and identification of ongoing education needs related to restraint minimisation and management of challenging behaviours. Organisational restraint use is reported to and reviewed by the restraint approval group and quality and risk committee, which provides governance oversight and ensures Elmswood Retirement Village maintains a commitment to restraint minimisation and elimination.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 3.2.1 Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.	PA Low	Each resident’s care plan is reviewed and evaluated by a registered nurse. Each review of the care plan is informed by the interRAI assessments and any other relevant clinical information and amended as required to ensure it remains current and responsive to the resident’s identified needs and health status. Care plans are required to be reviewed and updated when clinically indicated following a change in the resident’s condition, or at least six-monthly, whichever occurs first. Six resident files were reviewed. While all interRAI assessments were completed within the required timeframes, long-term care plans were not consistently evaluated within required timeframes.	i) One resident with a significant change in health status had a delayed evaluation of their long-term care plan, which occurred 15 days after completion of the interRAI assessment initiated in response to that change. ii) Three hospital-level care residents experienced delays in long-term care plan evaluation, with reviews completed more than 15 days after the associated interRAI reassessments.	i-ii).Ensure long-term care plans are evaluated and updated within required timeframes following interRAI reassessment or significant change in condition. 180 days

Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support	PA Low	The service has comprehensive policies and procedures in place relating to assessment, support planning, and care evaluation. Registered nurses are responsible for completing assessments, including interRAI, developing resident-centred care interventions, and evaluating care delivery at least six-monthly or earlier when residents' needs change. Assessment outcomes are used to inform the development of long-term care plans and associated interventions. However, review of resident files identified that while assessed needs were generally reflected in long-term care plans, some interventions lacked sufficient detail to clearly describe the level and type of support required to consistently guide care delivery.	(i).A resident on restraint did not have the required monitoring frequency and documentation expectations clearly specified within the long-term care plan. However, monitoring charts were being completed. ii). A resident with behaviours that challenge, including aggression and wandering risk, did not have care plan interventions that clearly outlined behaviour management strategies or monitoring requirements.	i-v). Ensure long-term care plans include clear and sufficiently detailed interventions to guide care delivery in line with assessed needs. 90 days

plan identifies wider service integration as required.				

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 3.5.1 Menu development that considers food preferences, dietary needs, intolerances, allergies, and cultural preferences shall be undertaken in consultation with people receiving services.	CI	In July 2024, the service commenced a structured continuous improvement programme to enhance food services following resident survey feedback that identified opportunities to improve meal quality, variety, food preferences, and food texture suitability. This feedback was supported by staff observations and quality review data, which identified difficulties for some residents in chewing certain foods, reduced meal satisfaction, and two reported near-miss choking events during 2024, particularly affecting residents receiving hospital-level care.	A formal improvement plan was developed and implemented using a multidisciplinary, team-based approach. Staff were actively engaged in the improvement process, with designated responsibilities for weekly collation of resident food preferences and dislikes, observation of mealtimes to ensure food textures were appropriate, and monitoring of food wastage following meals. These processes enabled timely identification of issues and informed ongoing refinement of food service delivery. Dietitian input was obtained to complete a comprehensive menu review. A revised menu was introduced with clearly defined preparation requirements and standardised recipes, incorporating previous resident feedback. An additional kitchen-prepared texture level (soft food) was implemented to reduce reliance on care staff to manually modify meals and to improve consistency and safety of food

			texture delivery. Registered nurses reviewed individual residents' food texture requirements and preference lists to ensure alignment with assessed needs. Kitchen staff received targeted education on ageing, chewing and swallowing considerations, and appropriate food preparation techniques. Communication processes were strengthened to ensure food-related feedback was formally documented, reviewed, and actioned through established quality systems. The effectiveness of the improvement programme was monitored using defined indicators, including resident and family food satisfaction survey results, food-related complaints, incidence of choking or near-miss choking events, and levels of food waste. Monitoring demonstrated progressive improvement over time. Residents' food satisfaction survey results increased from 57% in July 2024 to 75% by July 2025 as improvement activities were implemented. A targeted mini food survey completed following the introduction of the new menu demonstrated further improvement, with food satisfaction increasing from 83% after the first menu cycle to 92% following the second cycle. Post-implementation review confirmed positive and sustained outcomes. There were no further reported choking or near-miss choking incidents, complaints relating to food being difficult to chew reduced to zero, and food wastage significantly decreased. Evaluation completed by the Village Manager and Quality Advisor confirmed the improvement was realistic, fully implemented, and sustainable. The service demonstrated implementation of a closed-loop continuous improvement process informed by consumer feedback, incident and near-miss data, multidisciplinary input, and measurable outcomes, with ongoing governance oversight to sustain improvements in food quality, safety, and resident

			satisfaction.

End of the report.