

Oceania Care Company Limited - Duart Rest Home

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

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

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

The specifics of this audit included:

Legal entity:	Oceania Care Company Limited
Premises audited:	Duart Rest Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 10 February 2026 End date: 11 February 2026
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	53

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Duart Rest Home is part of Oceania Healthcare Limited. The facility can provide services for up to 66 residents requiring rest home or hospital levels of care. There were 53 residents in the facility on the first day of the audit.

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard 2021 and the contract with Health New Zealand. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau management, staff, and a general practitioner.

The day-to-day operations of Duart Rest Home are overseen by an experienced general manager, who is supported by a clinical manager and experienced healthcare assistants. Residents and family/whānau interviewed responded positively about the care and support provided.

This audit identified shortfalls related to care planning, medication management, and accessibility to a generator or similar.

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.

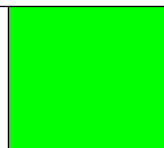
Duart Rest Home provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights according to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) and these are upheld.

The service has connections with a local iwi. Cultural advisory committee monitors cultural safety and responsiveness of the organisation. 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 Duart Rest Home 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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Duart Rest Home has an admission package available prior to, or on entry to the service. The registered nurses are responsible for each stage of service provision. The general practitioner visits on a regular basis, and consultation notes are available in resident files. Referrals are made appropriately to allied health professionals.

Medication policies reflect legislative requirements and guidelines. The registered nurses and healthcare assistants responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts meet prescribing requirements and are reviewed at least three-monthly by the general practitioner.

There is an interesting and varied activities programme that includes cultural celebrations which the diversional therapist implements. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

The registered nurses identify residents' food preferences and dietary requirements on admission. All food is prepared and cooked on-site in the kitchen. 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.

Transfers and discharges are coordinated between services.

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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. All rooms are single occupancy. There are adequate shared facilities. The communal shower rooms and toilets have privacy signs. Resident rooms are personalised.

There is a planned annual maintenance programme in place. There are documented policies for essential, emergency and security services. There is always a staff member on duty with a current first aid certificate. There is a call bell system that is appropriate for residents to use and staff to access support when required.

A fire drill is conducted six-monthly. Security is maintained. The facility is secure after hours.

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 clinical governance steering group, 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.

The restraint policy is in place and is supported by the governance group. The restraint coordinator is a registered nurse. At the time of the audit, the service was restraint free. Restraint education is conducted as per education plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

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	24	0	2	1	0	0
Criteria	0	164	0	3	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>There is a Māori health plan that describes Māori perspectives of health and a commitment to Te Tiriti o Waitangi. Duart Rest Home has established connections with local iwi. A cultural advisory committee monitors cultural safety and responsiveness within the organisation.</p> <p>The business plan reviewed evidenced a leadership commitment to ensure all aspects of service delivery is culturally safe. The recruitment policy includes provision of an equitable recruitment process. The general manager confirmed in interview that the service supports a Māori workforce through an equitable recruitment process. At the time of the audit there were residents who identified as Māori. Staff receive training on Te Tiriti o Waitangi, Māori health policy, tikanga practices, and te reo Māori.</p> <p>There were no current staff members who identified as Māori at Duart Rest Home. Self-determination, cultural values and beliefs of Māori residents and family/whānau are documented in the 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 (one general manager, one clinical manager and the regional quality business partner), and 17</p>

		<p>staff including one administrator, one roster coordinator, seven healthcare assistants (HCAs), five registered nurses (RNs), one diversional therapist (DT), one kitchen manager and one housekeeper confirmed that mana motuhake is respected and they are well-equipped to deliver equitable services.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>There is a Pacific health 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. Established links with Pacific communities are in place. 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.</p> <p>There were no current staff members who identified as Pasifika at Duart Rest Home. Interviews with the managers and staff confirmed that they understood the equity issues faced by Pacific peoples. The service partners with Pasifika organisations 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.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The 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 nine residents (six rest home and three hospital) and two (one rest home and one hospital) family/whānau confirmed that staff are respectful and considerate of residents' rights in line with the Code. The general manager confirmed the involvement of independent advocacy when required.</p> <p>The service actively supports and encourages family/whānau</p>

		<p>engagement and welcomes 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 general manager and clinical manager affirmed their commitment to respecting and upholding Māori autonomy and mana motuhake which was confirmed by staff interviewed.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Resident files reviews, and interviews with staff, residents and family/whānau confirmed that Duart Rest Home 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.</p> <p>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 them with te ao Māori.</p> <p>A sexuality and intimacy policy is in place with training included as part of the education schedule. Staff were observed to use person-centred and respectful language with residents. Spiritual needs are identified, church services are held, and spiritual support is available. The clinical manager and HCAs interviewed explained how the service meets the residents cultural and spiritual needs. Te reo Māori signage is visible throughout the facility and staff have</p>

		access to the Māori health plan, which they reference and implement regularly in their daily activities.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>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. The audit found no instances of discrimination, coercion, or harassment in staff, resident and family/whānau interviews or in the reviewed documentation. Staff sign a code of conduct upon commencing employment. Staff demonstrated an understanding of what Te Tiriti o Waitangi means to their practice.</p> <p>A policy related to resident's belongings and finances is implemented. The service follows a process of managing residents' finances through invoicing. Internal audits of the Code and cultural values were conducted to ensure compliance. The policy outlines the process to be taken to manage residents' property and residents are encouraged to bring in personal belongings to enable the residents to continue to live in a home-like environment.</p> <p>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. Police vetting is completed before considering employment or engagement of individuals in their roles. Managers 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 are achieved when Maori are in care.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p>	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

<p>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.</p>		<p>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 is unavailable.</p> <p>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 opportunities 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 no residents who could not speak or understand English. Duart Rest Home has access to interpreting services when/if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies documented around informed consent. Informed consent processes are discussed with residents and family/whānau on admission. Resident files were reviewed and written general consents were sighted for outings, photographs, release of medical information, medication management and medical cares. The consent forms are 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, 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.</p> <p>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.</p> <p>An advance directive and EPOA policy is in place and is implemented. Advance directives for health care, including resuscitation status, have been completed by residents deemed to</p>

		<p>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. Discussions with family/whānau identified that the service actively involves them in decisions that affect their family/whānau. Discussions with the HCAs, RNs and the clinical manager 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.</p> <p>The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care. The clinical manager 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.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The general 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 15 complaints made since the previous audit in September 2024. A complaint made through the HDC related to an issue was addressed internally in January 2025 but was not resolved to the satisfaction of the complainant. The complaint remains open. The documents requested by HDC were submitted within the required timeframes. Staff are informed of any complaints (and any subsequent corrective actions) in staff meeting minutes sighted.</p> <p>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 general manager described their understanding that Māori prefer to have in person communications. There is a complaints/concerns form available for residents and family/whānau</p>

		<p>to make a complaint and express a concern. Residents are updated at the bi-monthly resident meeting. Residents confirmed this when interviewed, and 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</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Duart Rest Home is located in Havelock North and is certified to provide rest home level care for up to 66 residents. On the day of the audit there were 53 residents across Kirkpatrick House (20 bed rest home only) and 46 dual purpose beds in the care centre. On the days of the audit there were 17 rest home residents in Kirkpatrick House. In the dual-purpose care centre, there were 14 rest home residents including one resident on a younger person with a disability (YPD) contract, and 22 hospital level residents including two residents on Accident Compensation Corporation funding (ACC), and one on a YPD contract. All other residents were on the aged related residential agreement (ARRC). All rooms were single occupancy and there are no shared/double rooms.</p> <p>There is an organisational structure that supports operations and clinical governance. The Board has ultimate responsibility for the strategic direction of Oceania and its subsidiary companies, and for monitoring Oceania’s management for the benefit of stakeholders.</p> <p>There are six sub-committees to the Board including the two governance bodies (Clinical and Health and Safety Committee and Clinical Governance Steering Group [CGSG]). The Clinical and Health and Safety Committee provide a specific governance focus on strategic and operational clinical and health and safety risks. The Clinical Governance Steering Group is Chaired by the Director of Clinical and Care Services ((DCCS) and provides strategic oversight, assurance and leadership in the delivery of quality and safe clinical care aligned to equitable, person and whānau centred aged residential care services at Oceania Healthcare. The Steering Group ensures clinical systems support continuous quality improvement and best practice, aligned with Ngā Paerewa Health and Disability Services Standards (NZS 8134:2021), Te Tiriti o</p>

		<p>Waitangi obligations, and consumer safety.</p> <p>The Oceania Māori Health Plan was developed with contributions from external cultural advisors, and an internal Cultural Advisory Committee support the strategic direction and ensure that the Board and management team have cultural competencies.</p> <p>Duart Rest Home has a 2025-2026 business plan that includes a mission statement, philosophy and objectives of the service. The business plan reflects the Oceania Strategy document and the clinical excellence strategy document. The business plan is regularly reviewed against set goals. The management team have an understanding in Te Tiriti o Waitangi and health equity and supports meaningful inclusion of Māori and ensures Duart Rest Home's values and goals reflect the needs of Māori.</p> <p>Interviews with the general manager, clinical manager and business quality partner confirmed the analysis of internal processes, business planning and service development that improve outcomes and achieve equity for Māori and Tangata whaikaha. A process is in place to identify and address barriers to the provision of equitable service delivery. Māori consultation ensures policies and procedure represents Te Tiriti partnership.</p> <p>The general manager is responsible for the day-to-day operations of two facilities and is supported by clinical manager who has been at Duart Rest Home for eight weeks and has experience prior to this at another aged care facility in the region. The management team are also supported by a regional quality business partner (QBP) and a senior regional operations manager. Residents are encouraged to participate in the planning and evaluation of the service through general feedback, annual surveys and bimonthly resident meetings.</p> <p>The general manager undertakes professional development activities related to managing an aged care facility. The clinical manager stated they had a comprehensive orientation to their role.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are</p>	<p>FA</p>	<p>Duart Rest Home has implemented a quality and risk management programme that includes performance monitoring through internal</p>

<p>responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>audits and the collation of clinical indicator data. A meeting schedule is implemented and there is evidence of staff participation in the quality programme. Internal audits are conducted according to the schedule, and any corrective actions identified are resolved with improvements 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 various monthly meetings (quality, health and safety meeting, infection, registered nurse/clinical).</p> <p>The clinical manager provides a report to the regional quality business partner and general manager each month. A quarterly clinical indicator report is completed where trends are analysed, and improvements are identified to minimise future risk. Quarterly benchmarking reports are provided by the National Clinical Quality Manager who compares data between Oceania facilities as well as against other aged care providers. Quality improvement projects are documented, evaluated, and discussed with staff. Duart Rest Home participates in the national Oceania initiative of reducing pressure injuries in their facilities. The project is ongoing with positive outcomes evidenced for Duart Rest Home.</p> <p>Family/whānau satisfaction surveys are conducted annually with the July 2025 results indicating high levels of satisfaction with the service. A corrective action plan was implemented and completed relating to the building environment, activities programme, and to the food service. Policies and procedures are current and reflect good practice. The policies and procedures are 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 undergo 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.</p>
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		<p>Each incident/accident is documented in the resident management system. Adverse event forms reviewed indicated that 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 at meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow-up by a registered nurse. 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 quality/ staff meetings. There are health and safety representatives who monitor hazards and risks. Hazards are documented and addressed. There is a current hazard and risk register in place. Staff receive education related to hazard management and health and safety at orientation and annually. The meetings minutes evidence a leadership commitment to health and safety and staff wellbeing. An external provider manages staff return to work processes following an injury.</p> <p>Discussions with the general manager, regional quality business partner and clinical manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. The change in clinical manager was appropriately notified to HealthCERT. There were no other events required to be reported under section 31; however, other events occurred that required notification to the Health Quality and Safety Commission. These were completed appropriately and in a timely manner.</p> <p>The infection control coordinator and clinical manager reported outbreaks to Public Health since the last audit, and these were notified appropriately to the CGSG.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is</p>	<p>FA</p>	<p>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 is on-site fulltime from Monday to Friday. When the clinical manager is not on-site, staff have access to an on-call RN contact number. The general manager is available for non-clinical issues after hours.</p> <p>A roster coordinator (interviewed) assists with replacing staff and</p>

<p>managed to deliver effective person-centred and whānau-centred services.</p>	<p>managing the master roster, The general manager uses Oceania`s clinical matrix tools and roster analysis tool to measure staffing levels, occupancy numbers, residents level of care, and acuity. A roster review is currently taken place with feedback from the clinical manager and regional quality business partner to better reflect the layout and design of the building. Staff reported that short term absences are being replaced by their own staff or casual pool from a sister facility and replacement of shifts can be challenging.</p> <p>During the absence of the general manager, the clinical manager is in charge of the facility with support from the roster coordinator and regional quality business partner. A sufficient number of HCAs are allocated to ensure residents needs are met. Staff and family/whānau are informed when there are changes to staffing levels, as evidenced in staff, resident and family/whānau interviews. Residents and family/whānau interviewed did not raise staffing issues and confirmed that staff are attentive to resident`s needs. The diversional therapist provides activities from Monday to Friday. There is a physiotherapy assistant that works two days a week.</p> <p>There is an annual education and training schedule in place, this 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.</p> <p>The regional quality business partner provide HCA study days weekly to ensure that all staff within the region attends. Registered nurses reported they are provided with training through an online platform. Registered nurses are also supported to attend external training on request. The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 30 HCAs employed in total with 80 percent of HCAs having achieved level three or four qualification.</p> <p>All staff are required to complete competency assessments as part of their orientation that includes hand hygiene, correct use of personal protective equipment (PPE), restraint, and manual handling and transfer.</p> <p>The internal audit of completion of training, and the electronic spread sheet provided to the auditors evidenced staff completion of required training in 2025. Staff training records showed that they have</p>
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		completed training related to Māori health outcomes and disparities and health equity. Staff interviewed were knowledgeable around these subjects and confirmed that their cultural training is ongoing. There are 14 RNs employed (including the clinical manager), and eight are interRAI trained. Staff reported a positive work environment, and an employee assistance programme is available to staff when required.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>An electronic platform is use for maintaining staff files and related competencies. There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Eight 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.</p> <p>Competencies are completed at orientation and then as part of the ongoing education plan. Individual records are placed on an electronic platform. Duart Rest Home demonstrated that the orientation programme supports the RN and HCAs 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 general manager reported that debrief and discussions occur following any incidents. An external agency (AON) assists and supports staff to return to work following a staff injury.</p>
Subsection 2.5: Information	FA	Resident records are electronic, and staff files are electronic (two electronic platforms). The medication management is electronic. The

<p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>medication management system is secure and requires 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.</p> <p>Archived files related to residents and staff are securely stored in a locked room and easily retrievable when required. 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 general manager is the privacy officer, and they oversee all requests related to health information.</p> <p>The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents who are admitted to Duart Rest Home are assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The general manager clinical manager screen prospective residents prior to admission. In cases where entry is declined, there is liaison between the service and the referral team. The prospective resident would be referred back to the referrer. The management team described reasons for declining entry that would only occur if there were no beds available, or Duart Rest Home was unable to provide the service the prospective resident requires, after consideration of staffing and resident needs. There have been no residents declined entry to Duart Rest Home.</p> <p>The general manager and clinical manager keep records of how many residents and family/whānau have viewed the facility, admissions, and declined referrals. The service collects ethnicity information at the time of enquiry and when the resident is admitted. The service has a process to analyse ethnicity data from residents, and this includes collation of data for entry and decline rates for Māori. Review of the current residents admitted to Duart Rest Home evidence diverse ethnicities including residents who identify as</p>

		<p>Māori. The service has established links to local Māori health practitioners and Māori health organisations to improve health outcomes for Māori residents.</p> <p>There is an information pack relating to the services provided at Duart Rest Home, which is available for family/whānau prior to admission or on entry to the service. The admission agreements reviewed were signed and aligned with the requirements of Health New Zealand service agreements. Services that are not provided by Duart Rest Home are included in the admission agreement. Duart Rest Home identifies and implements supports to benefit Māori and whānau. The service has information available in English and in te reo Māori for Māori.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Registered nurses are responsible for all residents' assessments, care planning, and evaluation of care. Eight resident files were reviewed: four rest home level care resident files and four hospital level care resident files including one resident on a YPD contract and one resident on ACC funding. The remainder of the files were for residents under the ARRC agreement</p> <p>Care plans are based on information collected during the initial and ongoing assessments. Domains assessed include those related to dietary needs, pressure injury risk, falls risk, behaviour, continence, skin, activities, pain; and information is provided from pre-entry assessments completed by the NASC or other referral agencies. Initial assessments, initial care plans, initial interRAI assessments and the initial long term care plans have not been consistently completed within three weeks of admission. There are specific assessments for residents under ACC funding, and these inform the ongoing care plans. The initial care plans were detailed to provide guidance to care staff in the delivery of care.</p> <p>Long-term care plans are holistic and individualised to meet the needs and preferences of the resident. They provide guidance to staff around identified medical and non-medical needs. Documented interventions and early warning signs meet the residents' assessed needs. There are policies and procedures implemented for use of</p>

	<p>short-term care plans for issues such as infections, weight loss, and wounds with sign off when resolved or needs are moved to the long-term care plan. Short term care plans have been completed and evaluated for identified short term needs as sighted in the resident records.</p> <p>Interviews with the clinical manager and registered nurses confirmed that a Māori health care plan is completed for any residents that identified as Māori to describe the support required to meet resident's needs, as sighted in the resident files reviewed on the day of the audit. The registered nurses interviewed described how barriers are removed so that all residents including Māori have access to information and services required to promote independence. There is evidence of collaboration between staff, residents, and family/whānau when developing care plans to ensure that residents' meet their own pae ora outcomes.</p> <p>The initial medical assessment is undertaken by the general practitioner within the required timeframe following admission. There is documented evidence of the exemption from monthly general practitioner visits when the resident's condition is considered stable. The service contracts a local medical practice with the general practitioner visiting the facility at least twice a week for clinics and after hours on call cover 24/7. The general practitioner has access to the resident records including the medication system. The general practitioner interviewed stated that there was good communication with the service and that the registered nurses were experienced and demonstrated good clinical assessment and decision-making skills. The general practitioner commented that they were informed of concerns in a timely manner.</p> <p>A physiotherapist visits the facility twice a week and they are supported by a physiotherapist assistant who works 24 hours a week. They both review residents referred by the registered nurse. There is evidence of a multi-disciplinary approach in the care of residents with other specialist services including (but not limited to) speech language therapist, wound care specialist, and continence specialists available as required through Health New Zealand. However, case conferences were not completed as scheduled.</p> <p>There was evidence of wound care products available at the facility.</p>
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	<p>The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. There were thirteen active wounds from eight residents. The wounds reviewed included lesions, abrasions, skin tears, chronic ulcers, and four pressure injuries (one unstageable pressure injury from one hospital resident and three pressure injuries [one unstageable and two stage 2] from another hospital resident). Wounds were dressed as scheduled with clear documentation that included, assessments, photographs, management plans, and evaluations evidencing progress towards healing. Referrals were completed for wound nurse specialist input as clinically indicated with recommended plans incorporated into the wound management plans.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by healthcare assistants, and registered nurses. When a resident's condition alters, the registered nurse initiates a review with the general practitioner. Registered nurses also undertake assessments, including (but not limited to) falls risk, pressure risk and pain assessment as required, with appropriate interventions documented in the long-term care plan to meet the changes in healthcare needs of the residents. There is evidence the registered nurse has added to the progress notes when there has been an incident or change in health status.</p> <p>Contact details for family/whānau are recorded on the electronic system. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health, including infections, accidents/incidents, general practitioner reviews, medication changes, and any changes to health status.</p> <p>Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants complete monitoring charts including observations; behaviour charts; bowel chart; blood pressure; visual</p>
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		<p>checks, weight; food and fluid; repositioning charts; and blood glucose level checks. Monitoring charts have been completed as scheduled.</p> <p>All resident incidents were evidenced as being followed up in a timely manner by the registered nurse. Neurological observations have routinely been completed for unwitnessed falls or those where head injury was suspected as part of post falls management. Analgesia was noted to have been administered post falls, as indicated by outcome of assessments and as prescribed.</p> <p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. The care plan evaluations do not include the degree of achievement towards meeting desired resident goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There is a full-time diversional therapist who coordinates the activity programme for Duart Rest Home. The diversional therapist works five days a week (Monday to Friday) and has been in the role since May 2025 but with years of experience in similar roles in other facilities. Resources are available to enable healthcare assistants to run activities during weekends and after-hours.</p> <p>The activity programme is planned monthly and includes culturally themed events, celebrating the backgrounds of both residents and staff. The activity programme is underpinned by Oceania Healthcare philosophy of "5 ways of wellbeing" that include to give, be active, keep learning, connect and take notice. Copies of the monthly and weekly programme are displayed in communal areas on noticeboards showing daily activities, and individual copies are delivered to residents' rooms in advance.</p> <p>The programme is designed to meet residents' cognitive, physical, intellectual, and emotional needs. During interview, the diversional</p>

	<p>therapist explained how the programme is tailored to the needs of residents across both rest home and hospital-level care. The focus is on maintaining independence, building on residents' strengths, skills, and interests, and fostering connections with the wider community. For residents who prefer to remain in their rooms or are unable to join group activities, one-on-one sessions are offered. These may include manicures, hand massages, and technology-based activities.</p> <p>The team also incorporates opportunities to engage with te reo Māori and te ao Māori. This includes using the Māori language in entertainment, singing, and crafts, and celebrating events such as Māori Language Week, Waitangi Day, and Matariki, along with other culturally focused activities. All group activities are conducted in the communal lounges.</p> <p>Each resident has a social and cultural profile developed upon admission, which includes their hobbies, interests, likes and dislikes, career background, and family/whānau connections. A social and cultural care plan is created on admission and reviewed every six months, alongside the resident's long-term care plan (link 3.2.5). Residents are encouraged to participate in activities that are meaningful and appropriate to them. Attendance is recorded for all activities, outings, and entertainment.</p> <p>Activities offered include (but are not limited to): exercise sessions, newspaper reading, music and movement, crafts, games, quizzes, entertainers, pet therapy, board games, hand pampering, housie, happy hour, gardening, and cooking. Regular van outings are organised, including visits to parks, the beach, and local exhibitions. Residents also enjoy regular visits from entertainers and interdenominational church services.</p> <p>Resident meetings are held bi-monthly. These meetings provide a structured opportunity for feedback on the activities programme. Meeting minutes confirm that these are held as scheduled and are well attended. Family/whānau are welcome to participate in these meetings. Additional feedback is gathered one on one with the residents and through satisfaction surveys. Residents and their family/whānau interviewed, consistently reported that the activity programme is engaging and meaningful and appropriate for their</p>
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		needs.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>Oceania Healthcare has organisational policies documented around safe medicine management that meet legislative requirements. All clinical staff responsible for administering medications undergo annual competency assessments, and education on safe medication administration is provided regularly. Registered nurses have also completed training in the use of syringe drivers. During observation, staff were seen administering medications safely. Both registered nurses and healthcare assistants interviewed demonstrated a clear understanding of their roles and responsibilities in medication administration.</p> <p>The facility uses an electronic medication management system alongside robotic packaging for both regular and short course medications. "As required" medications are provided in pottles. Upon delivery, all medications are checked against the resident's medication chart, and any discrepancies are promptly reported to the pharmacy.</p> <p>Medications are stored securely in three designated medication areas and in locked trolleys. A daily monitoring system is in place for medication room and fridge temperatures; however, records show this has not consistently been completed as scheduled. Systems are in place to regularly check medication stock for expiry dates and quantity. Eye drops and topical creams are labelled with opening dates. Controlled drugs are stored securely, with weekly stock checks consistently completed. The six-monthly physical stocktakes, and reconciliation of controlled drugs are also completed by the pharmacist. However, all controlled drugs for residents in the dual service area, including those for rest home level care residents, are managed through a bulk ordering, dispensing, and administration system.</p> <p>A total of sixteen electronic medication charts were reviewed. These confirmed that general practitioner (GP) reviews each resident's medication chart every three months, and each chart includes a photo for identification. Allergy and sensitivity status was recorded</p>

		<p>across all reviewed charts. Over-the-counter medications are prescribed and charted electronically.</p> <p>Two residents were identified as self-administering medications. All had initial competency assessments completed by a registered nurse and the general practitioner with three-monthly competency reviews completed. Safe storage for these medications is provided in each resident's room.</p> <p>"As required" medications are administered by staff deemed competent in medication management. These were administered as prescribed and the effectiveness consistently documented in the electronic medication system. All administered medications are signed off by the responsible healthcare assistant or registered nurse.</p> <p>There are no vaccines stored on site. Standing orders are not used.</p> <p>Residents and their family/whānau are kept informed of any medication changes, including reasons for the change and possible side effects. These discussions are documented in the progress notes. The clinical manager and registered nurses also described how they collaborate with Māori residents and their family/whānau to ensure culturally appropriate support is provided. This includes timely access to advice, prioritisation of treatment, and a focus on achieving equitable health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are prepared and cooked on site. The kitchen was observed to be clean, well-organised and well equipped. A current food control plan was in place, expiring in March 2026. Where dry ingredients were decanted into containers for ease of access there is evidence of a decanting and/or expiry date. A dietitian has reviewed the four-weekly seasonal menu. There are two chefs supporting food service, with one being the kitchen manager. Kitchen staff have completed safe food handling. There is a food services manual available in the kitchen.</p> <p>The kitchen manager receives resident dietary information from the clinical manager and registered nurses and is notified of any</p>

		<p>changes to dietary requirements and/or residents with weight loss. The kitchen manager (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Residents' profiles (sighted) had been reviewed in line with their six-monthly reviews and updated if required. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented.</p> <p>Staff interviewed could describe tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. The kitchen manager maintains records for fridge, freezer, and chiller temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Evidence was provided of cleaning schedules being maintained.</p> <p>Meals are served directly from the kitchen for the residents on level one and into hot boxes for residents on level two and the rest home only service (Kirkpatrick House). Residents were observed enjoying their meals. Staff were observed supporting residents with meals in the dining area as required. The residents and family/whānau interviewed were complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident and family/whānau meetings, through resident surveys and on an ad hoc basis with any staff member. There is adequate food supply available for each resident for minimum of three days.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service</p>	<p>FA</p>	<p>Planned discharges or transfers are coordinated in collaboration with the residents and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The transfer documents include (but not limited to) transfer form, copies of medical history, form with family/whānau contact details, resuscitation form, medication charts and last general practitioner review records and a yellow transfer envelope.</p>

<p>experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>The residents and family/whānau are involved for all transfers to and from the service, including being given options to access other health and disability services – tāngata whaikaha, social support or Kaupapa Māori agencies, where indicated or requested. Discharge notes are kept in residents' records and any instructions integrated into the care plan. The clinical manager and the registered nurses advised that a comprehensive handover occurs between services.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The buildings, plant, and equipment are fit for purpose at Duart Rest Home and comply with legislation relevant to services being provided. The building holds a current warrant of fitness, which expires 17 January 2027. The environment is inclusive of peoples' cultures and supports cultural practices. The maintenance officer oversees day to day maintenance requirements for the facility. There are contractors who look after the grounds, gardens, and lawns with twice weekly visits. Maintenance requests are logged in maintenance request books in each area. This is checked daily and signed off when repairs have been completed.</p> <p>There is an annual maintenance plan that includes electrical testing and tagging (next due November 2026) and the checking and calibration of medical equipment, hoists, and scales (next due November 2026). Staff interviewed reported that all equipment required to meet residents' needs is available. Essential contractors, such as plumbers and electricians, are available 24 hours a day, every day as required. Hot water temperatures are scheduled to be monitored monthly, and these have been completed as scheduled since last audit. Records reviewed evidence that temperature readings were within accepted ranges and there is a process for referral to a plumber for any that required attention as needed.</p> <p>The service has a standalone twenty bed rest home only building (Kirkpatrick house) connected to the dual-purpose rooms and services by a lift. The dual-purpose area is split into level 1, with twenty-two dual purpose beds and level 2 with twenty-four dual purpose beds. The two levels are connected by two lifts at either side of the building and stairwells. All the rooms are single occupancy. There is a combination of rooms with full ensuite, toilet</p>

	<p>only ensuite and those without ensuite with full use of the communal bathrooms and toilets. There is sufficient communal toilets and bathrooms throughout the facility. Privacy locks are in place. Vacant/in-use signage is on the toilet/shower rooms. All communal bathrooms allow for mobility equipment. There are appropriately placed handrails in the bathrooms and toilets. Fixture's fittings and flooring are appropriate, and toilet/shower facilities are constructed for ease of cleaning. Communal, visitor and staff toilets are available and contain flowing soap and paper towels.</p> <p>The resident rooms have handbasins and are large enough to provide care and allow for the safe use and manoeuvring of mobility aids. All resident rooms are spacious enough to allow residents to move about with mobility aids. Residents and family/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit.</p> <p>There are outdoor ramps with handrails, outdoor seating, shaded areas, and garden beds. Communal areas are spacious and comfortable for the residents. The facility has sufficiently wide corridors with handrails for residents to safely mobilise using mobility aids. Residents were observed moving freely around the areas with mobility aids where required. Group activities occur in the lounges and residents interviewed stated they were able to use alternative spaces if they did not wish to participate in the group activities.</p> <p>The healthcare assistants interviewed stated there was sufficient equipment to safely conduct the resident cares as documented in care plans.</p> <p>The building is appropriately heated and ventilated. There are wall panel heaters in each resident room and corridors in addition to the heat pumps in the communal areas providing heating and cooling when required. There is plenty of natural light in the rooms with each room having an external window. The facility has a designated smoking area for residents.</p> <p>Currently the service does not have plans for further development; however, will utilise their links with staff, local kaumātua and iwi to ensure that consideration has been made of how designs and environments reflect the aspirations and identity of Māori.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Low</p>	<p>The organisational and site-specific disaster and emergency management policies and plans outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedures guide staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand. Fire evacuation drills are held six-monthly and was last completed on 3 February 2026. Civil defence supplies are stored in an identified cupboard and are checked six monthly (last checked 18 December 2025). The facility does not have alternative essential energy and utility sources available, in the event of the main supplies failing. A gas barbeque is available on site for additional means of cooking if required. There is adequate food supply available for each resident and staff for minimum of three days.</p> <p>Three two hundred litre water tanks and reticulated water in the roof provide adequate supplies in the event of a civil defence emergency, sufficient for ten litres per person for three days. Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Indicator lights are displayed above resident doors and panels in hallways to alert staff of who requires assistance. The testing of call bells is included within the annual maintenance plan. Documentation reviewed confirmed these are performed as scheduled with any anomalies addressed as required. The facility is secure after hours with staff conducting security checks at pre-determined times in the evening, checking all doors and windows are safe and secure. Visitors and contractors are instructed to sign in and complete visiting protocols.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership</p>	<p>FA</p>	<p>The infection prevention and control (IPC) programme and antimicrobial stewardship (AMS) programmes are appropriate to the</p>

<p>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.</p>		<p>size and complexity of the service, is approved by the CGSG. The infection control programme and AMS programme links to the quality improvement plan and business plan.</p> <p>The national clinical quality manager holds the national IPC role. There is a monthly IPC lead report at the CGSG meeting that tracks all outbreaks, IPC practice, and AMS issues and actions.</p> <p>The clinical manager (identified as the IPC coordinator) provides monthly indicator report that includes infection surveillance activities to the general manager and regional quality business partner. Any trends, actions required and significant events are reported at various facility meetings. Documented evidence showed infections were reviewed with the GP and appropriately managed.</p> <p>The service has access to an infection prevention and control clinical nurse specialist from Health New Zealand. Residents and staff are offered influenza and Covid-19 vaccinations.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. 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.</p>	<p>FA</p>	<p>The infection prevention and control programme and antimicrobial stewardship programmes is linked to the quality improvement system and reported on annually. 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.</p> <p>The infection prevention and control coordinator (a registered nurse) 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 have been developed by an external expert. The procedures and policies reflect the requirements of the Standard and are based on current accepted good practice. The infection prevention and control coordinator has input into clinical policies that may impact on HAI risk.</p> <p>Staff become thoroughly familiar with policies through comprehensive training provided during orientation and ongoing education sessions and demonstrate adherence to these policies.</p>

		<p>Residents and their family/whānau receive infection prevention and control education tailored to their needs, particularly residents who independently undertake community visits.</p> <p>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. Adherence to policy is audited to ensure its safe working state and regular decontamination.</p> <p>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 monthly combined meeting. An outbreak response is documented, and the pandemic plan has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available at the facility, and staff have been trained accordingly.</p> <p>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.</p> <p>The clinical manager and IPC coordinator understand 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 general manager and regional quality business partner.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials</p>	<p>FA</p>	<p>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 CGSG.</p> <p>The clinical manager and general practitioner monitor compliance with antimicrobial use by evaluating medication prescribing charts, prescriptions, and medical notes, adhering to recognised New</p>

<p>prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>Zealand Antimicrobial Stewardship Guidelines. Infection rates are monitored monthly and presented at meetings. Action plans are developed when necessary to improve AMS activities.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of 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 (including organisms) is collated onto a monthly infection summary. This data includes ethnicity, and is monitored and analysed for trends, monthly and quarterly. Infection control surveillance is discussed at meetings.</p> <p>A registered nurse oversees the infection surveillance programme with support from the clinical manager. Infection prevention and control data, along with any relevant issues, and progression of infections are communicated to residents and family/whānau as needed. Interviews with the infection prevention and control coordinator evidenced that communication processes are culturally safe.</p> <p>Infection prevention and control data is shared with facility staff, and any recommendations from the GP are followed up. Infection prevention and control data, along with any relevant issues, are communicated to residents and family/whānau as needed.</p> <p>There have been five outbreaks since the previous audit (including Covid, gastroenteritis, confirmed norovirus and respiratory syncytial virus). Duart Rest Home staff adhered to its outbreak management plan and processes to notify appropriately. There is sufficient PPE stored, and training sessions include outbreak management. Staff reported the outbreaks were well managed and additional support were added to the roster.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a</p>	<p>FA</p>	<p>There are policies and processes for the management of waste and infectious and hazardous substances and interview with staff</p>

<p>hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>confirmed that policies and procedures are implemented.</p> <p>Linen and personal clothing is laundered off site at another Oceania`s facility in Taradale. Linen is picked up and delivered daily. Mopheads are cleaned in the laundry at Duart Rest Home. There is a housekeeper allocated to receive and deliver clean linen and personal clothing. There is a clean and dirty flow within the Duart Rest Home`s laundry space where dirty laundry is picked up and clean laundry delivered. Laundry and cleaning processes are monitored for effectiveness via the internal audit system and ongoing observations by the management; any issues are reported to the main laundry. 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. Cleaners are allocated to the roster seven days week. The cleaner`s trolley is stored securely when not in use.</p> <p>Linen cupboards had enough linen and towels. The laundry has a dirty to clean flow , the in-house laundry is used for mops and kitchen linen. Clean laundry received for the external laundry is folded in a clean area. There is a sluicing facility with appropriate PPE available and separate hand-washing facilities.</p> <p>Staff were aware of prevention of cross contamination and use of PPE. Both residents and their family/whānau reported that there were no issues with the laundry and cleaning services, noting that the facility is consistently very clean. 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.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p>	<p>FA</p>	<p>There is an organisational governance commitment for restraint elimination as documented in Oceania Healthcare Clinical Excellence Strategy. The service`s restraint elimination and safe practice policy includes the definitions of restraint, which aligns with the HDSS:2021 standard and confirms that restraint consideration and application must be done in partnership with EPOA, and the</p>

<p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>choice of device must be the least restrictive. At all times when restraint is considered, the facility would work in partnership with Māori, to promote and ensure services are mana enhancing. The policy covers elimination of restraint, evaluation, and restraint procedures (including emergency restraint).</p> <p>At the time of the audit the service was restraint free.</p> <p>The restraint coordinator is a registered nurse, who is conversant with restraint policies and procedures and is part of the national Restraint Group. An interview with the restraint coordinator described the organisation's commitment to restraint elimination which is achieved using proactive de-escalation strategies and alternatives. All staff receive education in restraint as part of mandatory training and restraint competencies are completed annually. The service considers least restrictive practices, implementing de-escalation techniques, alternative interventions, and only uses an approved restraint as the last resort when all other alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of keeping the facility restraint free. Where restraint is used, data is to be collated, analysed, and reported along with the quality data which is reported to Oceania Healthcare Clinical Governance Committee.</p> <p>A review of the documentation available for residents potentially requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process (should it be required) includes the general practitioner, restraint coordinator, EPOA and clinical manager. The restraint programme is discussed as part of the facility meetings and three monthly as part of Oceania Healthcare national restraint group.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.1</p> <p>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.</p>	PA Low	Registered nurses are responsible for completing all the assessments and care plans in collaboration with residents and family/whānau. InterRAI assessments are in place for residents however these have not been completed as per policy. Initial assessments and care plans reviewed were not consistently completed within the first 24 hrs of admission.	<p>Initial assessments and the initial long-term care plans have not been developed within three weeks of admission for one rest home resident; and three initial InterRAI assessments (one hospital and two rest home) had not been completed in a timely manner.</p> <p>Two hospital resident's interRAI assessments have not been reviewed six monthly.</p>	<p>Ensure that initial assessments including interRAI assessments, and the initial long-term care plans are completed within the required timeframes.</p> <p>Ensure that interRAI assessments are completed at least six monthly.</p> <p>90 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p>	PA Low	The registered nurses are responsible for the development of the care plan. Assessment tools were completed to identify key risk areas. Alerts are indicated on the	Six of six resident care plans reviewed do not demonstrate evaluations that record the degree of achievement against	Ensure that there are detailed evaluations that evidence the degree of achievement / progress

<p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>resident care plan and include but not limited to high falls risk and pressure risk. The clinical manager and registered nurses interviewed understand their responsibilities in relation to care planning. There are comprehensive policies in place related to assessment and care planning; however, resident care evaluations do not demonstrate the degree of progress towards meeting the resident goals.</p> <p>Healthcare assistants are knowledgeable about the care needs of the residents and the residents observed appeared to have their care provided in line with care plan requirements.</p> <p>As part of the six-monthly assessment and care plan reviews the service completes case conferences that provide opportunity to review and evaluate resident care plans in collaboration with residents and family/whānau. However, these have not been completed consistently in the files reviewed.</p>	<p>the resident goals and aspirations.</p> <p>Case conferences which provide opportunity to review and evaluate resident care plans in collaboration with residents and family/whānau were not completed in four (two rest home and two hospital) resident files reviewed.</p>	<p>towards goals.</p> <p>Ensure case conferences are completed as scheduled.</p> <p>90 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>There are policies and procedures available for safe medicine management that meet legislative requirements. All clinical staff who administer medications are assessed for competency on an annual basis. Controlled drugs are stored appropriately in safes located in the level two medicine room. Controlled drugs for rest home level care residents in the rest home only unit</p>	<p>(i). Five rest home residents prescribed controlled drugs have individual prescriptions, but medication is dispensed and administered through the bulk order process.</p> <p>(ii). Medication room and fridge temperature monitoring has not been consistently completed as</p>	<p>(i). Ensure that controlled drugs for rest home level care residents are ordered, dispensed, and administered specifically for them in line with policy and not by use of the bulk order stock process.</p> <p>(ii). Ensure daily</p>

		<p>(Kirkpatrick house) are prescribed for each individual resident, dispensed, logged in the controlled drug book and administered under the resident's name. However, five rest home level care residents in the dual-purpose service have their controlled drugs prescribed individually, dispensed from the pharmacy through a bulk order system, and administered for the residents using the bulk stock.</p> <p>Medications were appropriately stored in the three medication areas and locked trolleys. There is a process in place to ensure that medication fridges and medication room temperatures are monitored daily. However, there is no evidence that temperature monitoring and recording has been completed daily for all the areas. Review of the last eight months records indicate periods where temperature readings were not recorded. When completed the temperature records reviewed showed that the temperatures were within acceptable ranges or corrective actions implemented when out of range.</p>	<p>scheduled (daily) for all areas.</p>	<p>temperature monitoring is completed for medication rooms and fridges.</p> <p>60 days</p>
<p>Criterion 4.2.7</p> <p>Alternative essential energy and utility sources shall be available, in the event of the main supplies failing.</p>	<p>PA Low</p>	<p>The organisational and site-specific disaster and emergency management policies and plans outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. At the time of the audit there was no evidence to demonstrate that the facility had alternative essential energy and utility sources available, in the event of the main power supplies failing. In addition, the service did</p>	<p>At the time of the audit, the service did not have a contingency plan in place in the event of a power outage.</p>	<p>Ensure there is essential energy sources available in the event of the main power supplies failing.</p> <p>180 days</p>

		not have documentation to evidence that in an emergency the facility would be prioritised for supply of essential energy alternative such as a generator, for business continuity for the vulnerable residents and staff.		
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.