

Oceania Care Company Limited - Gracelands Rest Home and Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Oceania Care Company Limited

Premises audited: Gracelands Rest Home and Hospital

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 5 February 2026 End date: 5 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: 79



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

Gracelands Rest Home and Hospital is certified to provide rest home and hospital services for up to 88 residents. The service is owned and operated by Oceania Care Company Limited.

This surveillance audit process was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts held with Health New Zealand – Te Whatu Ora (Te Whatu Ora). It included a review of policies and procedures, a review of residents' and staff files, observations, and interviews with residents and whānau, a governance representative, staff, and a general practitioner. The facility was being managed by an experienced general manager, supported by an experienced clinical manager who has clinical oversight of the facility. Residents and whānau were complimentary about the care provided.

The corrective action required from the previous (certification) audit in relation to the completion of neurological observations has been addressed. No improvements were identified because of this audit.

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.

Gracelands Rest Home and Hospital provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these were upheld. Residents were safe from abuse and were receiving services in a manner that respected their dignity, privacy, and independence. Gracelands Rest Home and Hospital provided services and support to people in a way that was inclusive and respected their culture, identity, choices, and their experiences. There was evidence that residents and their whānau were kept well informed.

Complaints were resolved promptly and effectively in collaboration with all parties involved. There were no complaints open at the time of audit. An (historic) complaint received via the Office of the Health and Disability Commissioner has been closed, with no recommendations for improvement noted.

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.

Oceania Healthcare, as the governing body, is committed to delivering high-quality services in all its facilities, including those at Gracelands Home and Hospital. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

Strategic and business planning ensured the purpose, values, direction, scope and goals for the organisation were defined. Performance had been monitored and reviewed at planned intervals. A clinical governance structure met the needs of the service, supporting and monitoring good practice.

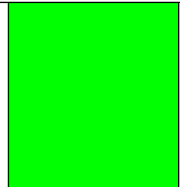
The quality and risk management systems were focused on improving service delivery and care using a risk-based approach. An integrated approach included the collection and analysis of quality improvement data, identifying trends that led to improvements. Actual and potential risks were being identified and mitigated.

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

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff had the skills, attitudes, and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supported safe and equitable service delivery.

Professional qualifications had been validated prior to employment. Staff interviewed reported that they felt well supported through the orientation and induction programme, with regular performance reviews implemented.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Upon admission to Gracelands Rest Home and Hospital, a person-centred and whānau-centred approach was implemented. Appropriate information was provided to prospective residents and their whānau.


The service collaborated with residents and their whānau to assess, plan, and evaluate care. Individualised care plans were developed based on thorough assessments and were updated to address any emerging issues. Documentation reviewed confirmed that care consistently met the needs of residents and their whānau, with regular and timely evaluations.

Medications were managed and administered safely by qualified staff.

The food service fulfilled residents' nutritional requirements, accommodating specific cultural needs, and adhered to safe food management practices.

Residents were transitioned or transferred to other health services, as necessary.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility, plant and equipment met the needs of residents and were culturally inclusive. A current building warrant of fitness and planned maintenance programme ensured safety. Electrical and biomedical equipment had been tested as required.

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 governing body, general manager, clinical manager, and the infection control nurse at Gracelands Rest Home and Hospital ensured the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that was appropriate to the size and complexity of the service. It was adequately resourced. The experienced and trained infection control nurse led the programme and was engaged in procurement processes.

Aged care-specific infection surveillance was undertaken, with follow-up action taken as required. Surveillance of infections was undertaken, and results were monitored and shared with the organisation's management and staff. Action plans were implemented as and when required.

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

A comprehensive assessment, approval, and monitoring process, with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of the restraint process, including providing the least restrictive practice, de-escalation techniques, alternative interventions, and restraint monitoring.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	0	0	0
Criteria	0	50	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Oceania Care Company Limited (Oceania) has a policy on Māori and Pacific people’s health and a Māori Health Plan 2022–2025, which described how the organisation responds to the cultural needs of Māori residents and how it fulfilled its obligations and responsibilities under Te Tiriti o Waitangi. The Māori health care plan had been developed with input from cultural advisers and could be used at Gracelands Rest Home and Hospital (Gracelands) for residents who identify as Māori.</p> <p>There were several Māori residents present in the facility during the audit. Māori residents and their whānau interviewed reported that they were comfortable at the facility and expressed feelings and experiences that are consistent with cultural safety, confirming that mana motuhake (self-determination) is respected.</p> <p>The service has links for Māori health support through Te Whatu Ora Te Wāhanga Hauora Māori (local Māori health services), through Te Taniwhenua o Heretaunga, and through Ngāti Kahungunu (local iwi) kaumātua. Access to health, social and traditional healing services is also available through Te Kōhao Health.</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>	<p>FA</p>	<p>Gracelands identified and worked in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. Partnerships enabled ongoing planning and evaluation of services and outcomes.</p> <p>Residents interviewed who identified with a Pacific community reported that their worldview, and cultural and spiritual beliefs were embraced and that their services were being delivered in a culturally appropriate way; the Fonofale model of care was being utilised.</p> <p>Gracelands can access support for residents who align with Pacific communities in their service through residents' whānau, staff or local churches in the area. Also in the region are the Kainga Pasifika Services (a charitable trust which promotes health and wellbeing for Pacific peoples in Hawke's Bay) which can assist as required.</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>	<p>FA</p>	<p>Staff at Gracelands demonstrated a clear understanding of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed providing support to residents in alignment with individual preferences. The Code was on display on posters, with brochures available at the reception area. A poster on the Nationwide Health and Disability Advocacy Service (Advocacy Service) was visible in the reception area.</p> <p>Residents and their whānau reported being informed about the Code and the advocacy service, and indicated they were offered opportunities to discuss and clarify their rights. Staff training sessions on the Code and advocacy options, held within the past year, evidenced that all staff had attended these training sessions.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our</p>	<p>FA</p>	<p>Employment practices at Gracelands included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination; coercion; harassment; physical, sexual, or other exploitation; abuse; or neglect. Workers followed a code of conduct.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Residents reported that their property and finances were respected, though there had been property issues</p>

<p>services are safe and protected from abuse.</p>		<p>at the facility (refer subsection 1.8). Professional boundaries were maintained.</p> <p>Eight residents and five whānau interviewed expressed satisfaction with the services provided at Gracelands.</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>Residents at Gracelands and/or their whānau/legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing, and documenting of EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</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>A fair, transparent, and equitable system was in place to receive and resolve complaints that led to improvements. This met the requirements of the Code. Information on complaints and the complaints process was available in English and te reo Māori. Residents and whānau interviewed understood their right to make a complaint and knew how to do so.</p> <p>There have been four complaints in the last 12 months. All complaints, formal and informal, are managed in accordance with the Oceania complaints process. Three are currently open pending a legal process; these relate to resident property. Documentation sighted in respect of the complaints showed that, except for the three open complaints, all complaints had been responded to within appropriate timeframes and that the complainants had been informed of findings and any corrective action arising from the complaint following investigation. There have been no complaints from Māori in the service, but there are processes in place to ensure complaints from Māori are managed in</p>

		<p>a culturally appropriate way (e.g., using culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant).</p> <p>One (historic) complaint received on 6 July 2021 via the Health and Disability Commissioner (HDC) has been closed with no recommendations for improvements for the service. There have been no complaints received from external sources since the previous audit.</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>The governing body of Oceania assumed accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pacific peoples in governance groups, honouring Te Tiriti and being focused on improving outcomes for Māori, Pacific peoples, and tāngata whaikaha. Oceania utilises an external consultancy to assist the organisation to ensure there is meaningful inclusion of Māori at governance level. Board members have completed cultural training and have taken opportunities to upskill in Te Tiriti o Waitangi and health equity via the Institute of Directors, other community roles, and/or employment. Oceania has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>The purpose, values, direction, scope and goals were defined, and monitoring and reviewing of performance occurred through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori was evident in plans and monitoring documentation reviewed. A commitment to the quality and risk management system was evident. Members of the governance group interviewed felt well informed on progress and risks. This was confirmed in a sample of reports to the board of directors.</p> <p>The clinical governance structure was appropriate to the size and complexity of the organisation The general manager (GM) at Gracelands has a Master of Business Administration (MBA) degree and aged-care experience. The GM is supported by a clinical manager (CM) who is a registered nurse (RN) and has had significant experience in the aged-care sector. The GM and CM confirmed knowledge of the sector, and regulatory and reporting requirements, and both maintain currency within the field.</p> <p>The service holds age-related residential care (ARRC) contracts with Te Whatu Ora for rest home, hospital, long-term support – chronic health</p>

		<p>conditions (LTS-CHC), short-term care (respite), and Restore in ARRC services. The service also holds individual contracts to deliver services under contract with Whaikaha at the Ministry of Social Development/Te Manatū Whakahiato Ora for disability support services (DSS). During the audit, 79 residents were receiving services: 49 at rest home-level (including one under a respite contract and one on a DSS contract), and 30 at hospital-level. There were no residents receiving services under the LTS-CHC or Restore in ARRC contracts.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Graceland uses Oceania's range of documents that contribute to quality and risk management and reflect the principles of quality improvement processes. These include a clinical risk management policy, document control, clinical governance terms of reference, quality improvement policy, health and safety strategy, critical incident/accident/sentinel event policy and the quality cycle. Relevant corrective actions are developed and implemented to address any shortfalls, and these are benchmarked at national level. Progress against quality outcomes is evaluated. Quality data is communicated and discussed, and this was confirmed by records sighted and by staff at interview.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements. Documentation is the responsibility of the relevant department at the corporate office. Critical analysis of organisational practices to improve health equity is occurring, including at Gracelands, with appropriate follow-up and reporting. A Māori health plan guides care for Māori.</p> <p>The GM and CM described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Where mitigation strategies are identified, there are processes in place to ensure these are corrected. Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The GM and CM understood and have complied with essential notification reporting requirements. There have been ten Section 31 notifications made to Manatū Hauora since the last audit. One related to an infection outbreak and</p>

		<p>nine were for registered nurse (RN) shortage between 5 May 2025 and 30 June 2025 (affecting 42 shifts). All Section 31 notifications have been acknowledged, and the facility is now fully staffed with RNs.</p> <p>Seven notifications have been made to the Health Quality & Safety Commission/Te Tāhū Hauora (Te Tāhū Hauora) with one in progress (due to a recent fracture following a fall). The completed notifications related to pressure injury (two) and fracture following a fall (five).</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. There is RN coverage in the facility twenty-four-hours per day/seven days per week (24/7) Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this.</p> <p>The employment process, which includes job descriptions defining the skills, qualifications and attributes for each role, ensured services were delivered to meet the needs of residents, Credentialing processes (checking of annual practising certificates) were in place for professional health care workers (e.g., RNs, general practitioners (GPs), pharmacists, and a dietitian, a physiotherapist and a podiatrist).</p> <p>Continuing education was planned on a biannual basis, including mandatory training requirements. Related competencies were being assessed, and this supported equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. Staff felt well supported, including with education development opportunities.</p>
<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</p>	FA	<p>Human resources management policies and processes were based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies had been being consistently implemented, including evidence of qualifications and registration (where applicable).</p>

<p>health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed.</p> <p>Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>A multidisciplinary team at Gracelands collaborated with residents and their whānau to support resident wellbeing. A review was conducted of ten resident files, including four hospital-level care files and five rest home-level care files (one of which was under a DSS contract). The records encompassed cases involving acute events necessitating transfer to an acute facility, residents admitted with pressure injuries or at risk of developing them, individuals exhibiting behaviours that challenge, residents who self-administer medication, residents who identified as Māori, residents experiencing compromised mobility, residents who had a recent fall, and residents with multiple co-morbidities.</p> <p>Review of ten files confirmed that a RN developed a care plan after comprehensive assessment, considering the individual's experience, cultural needs, values, beliefs, and service integration if needed.</p> <p>Assessments were based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, GP input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. This was verified by reviewing documentation, sampling residents' records, interviews, and from observation.</p> <p>Residents who had a recent unwitnessed fall had neurological observations taken for the required time frames. This addresses a finding from the previous (certification) audit in relation to neurological observations post unwitnessed fall or witnessed 'head knock' not being taken.</p> <p>The management of specific medical conditions was comprehensively documented, including systematic monitoring and regular assessment of care outcomes. Where progress differed from expectations, adjustments to the care plan were implemented collaboratively with the resident and/or whānau.</p>

		Residents and their whānau, including younger residents living with a disability, verified their active participation in the process.
<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>	FA	<p>The medication management policy at Gracelands was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was sighted on the day of the audit. All staff who administer medicines had been assessed as competent to perform the function they managed. There was a process in place to identify, record, and document residents' medication sensitivities, allergies, and the action required for adverse events.</p> <p>All new admissions admitted to Gracelands, and any residents of concern, had their medications reviewed by the Te Whatu Ora (Hawke's Bay) clinical pharmacist, to mitigate any potential medication-related risks. An interview with the CM identified how valuable this service was in supporting the quality care Gracelands can provide to their residents.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>There were no difficulties identified by young people interviewed in accessing their required medicines from the facility (DSS).</p> <p>Prescribing practices met requirements. The required three-monthly GP review was recorded on the medicine chart. Standing orders were not used at Gracelands.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and</p>	FA	The food service provided at Gracelands was in line with recognised nutritional guidelines for older people. The menu is planned by the

<p>consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>organisation's own dietitian, based on residents' nutritional needs and preferences. Recommendations made at that time had been implemented.</p> <p>The service operated with an organisation-wide approved food safety plan and registration. A verification audit of the food control plan was undertaken at Gracelands on 21 August 2025. No areas requiring corrective action were identified, and the plan was verified for 18 months. The plan is due for re-audit in February 2027.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, cultural preferences, and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice, and the kitchen would address this.</p> <p>Interviews, observations, and documentation verified that residents were satisfied with the meals provided. Evidence of residents' satisfaction with meals was verified by resident and whānau interviews, and resident and whānau meeting minutes. This was supported on the day of the audit when residents responded favourably regarding the meals provided on these days.</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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from Gracelands, when needed, was planned and managed safely to cover each resident's current needs and to mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and their whānau. The whānau of a resident who was recently transferred reported that they were kept well-informed throughout the process.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose,</p>

<p>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>maintained, and that they meet legislative requirements.</p> <p>The building has a warrant of fitness that expires on 17 January 2027. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of clinical equipment. Monthly hot water tests are completed for resident areas; these were sighted and were all within normal limits. Tempering valves are in place to address any hot water variances.</p> <p>Residents and whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes at Gracelands were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were reviewed and reported on yearly. Expertise and advice were sought following a defined process. A documented pathway supports risk-based reporting of progress, issues, and significant events to the governing body.</p> <p>Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly. Residents and their whānau were educated about infection prevention in a manner that met their needs.</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,</p>	FA	<p>Gracelands undertook surveillance of infections appropriate to that recommended for long-term care facilities and this was in line with priorities defined in the infection control programme. Gracelands used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data including ethnicity, and was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to management/governing body and shared with staff.</p>

<p>priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this through documented policy and regular reporting requirements. Any use of restraint is reported to the governing body.</p> <p>Gracelands is a restraint-free environment, and has been restraint-free since 2023. At the time of audit, there was no restraint observed to be in use.</p> <p>Staff reported, and documentation evidenced, that staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring within the last year.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.