Teviot Valley Rest Home Limited - Teviot Valley 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:	Teviot Valley Rest Home Limited
Premises audited:	Teviot Valley Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 18 February 2026 End date: 18 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: 13

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Teviot Valley Rest Home is operated by Teviot Valley Rest Home Limited. The service provides rest home level care for up to 14 residents, with 13 residents on the day of 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, and staff.

The manager oversees business operations at Teviot Valley Rest Home and is supported by a clinical lead nurse and experienced care staff. Residents and family/whānau interviewed responded positively about the care and support.

This certification audit identified improvements required in care planning, first aid certificates, and emergency lighting.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service are fully attained.

Residents and their family/whānau are informed of their rights according to the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Teviot Valley Rest Home has connections with local Māori providers and has a Māori health plan documented. A Pacific health plan is in place to ensure culturally appropriate services for Pacific residents. Staff receive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, enhancing their understanding of accessibility barriers. The informed consent process is understood and implemented by staff. Complaint processes are equitable, with complaints promptly resolved in collaboration with residents and 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 are fully attained.

There is a documented business plan, which includes a mission statement and goals for the service. There is an implemented quality and risk management system, with internal audits and meetings occurring as scheduled. Human resource policies cover recruitment, selection, orientation, staff training and development. A thorough induction programme provides new staff with essential information for safe work practices. An in-service education/training programme addresses relevant aspects of care and support, and external training is supported. The staffing policy meets contractual requirements and ensures appropriate skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet residents' needs. The service ensures the secure, accessible, and confidential collection, storage, and use of residents' personal and health information.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

Teviot Valley Rest Home provides admission information to residents and their family/whānau prior to, or at the time of entry to the service. The registered nurse, who also holds the role of clinical lead nurse, efficiently manages the entry process. The clinical lead nurse is responsible for assessing, planning, implementing, and reviewing residents' needs, outcomes, and goals. Care plans reviewed demonstrated individualised, resident-centred care. The planned activities programme provides residents with a range of individual and group activities and supports ongoing community engagement. Adequate resources are available to facilitate activities within the service. Medication management policies reflect current legislative requirements and recognised guidelines.

The clinical lead nurse and medication-competent caregivers are responsible for the administration of medicines. Staff complete annual medication education and competency assessments. Electronic medication charts reviewed meet prescribing requirements and have been reviewed at least three-monthly by the general practitioner. Residents' food preferences and dietary requirements are identified on admission. All meals are prepared on site. Residents' food, fluid, and nutritional needs are provided in accordance with recognised nutritional guidelines, and additional or modified dietary requirements are appropriately met. The service maintains a current food control plan. Residents are reviewed regularly by the clinical lead nurse and referred to specialist and other health services as required. Discharges and transfers are coordinated and planned to support continuity of care.

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

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

The building holds a current building warrant of fitness certificate. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. All rooms are single occupancy. There are sufficient communal showers, toilets and handbasins. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. All staff members have current first aid certificates.

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

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

The infection prevention and control and antimicrobial stewardship programmes are tailored to the service's size and complexity, approved by the clinical lead nurse, 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 infection prevention and control coordinator (clinical lead 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. There has been one outbreak since the previous audit.

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 are fully attained.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the clinical lead nurse. There were no restraints in use. Use of restraints would only be considered as a last resort, only after all other options are explored. Education is provided to staff around restraint minimisation, de-escalation, and challenging behaviour. A restraint register is available.

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	25	0	2	0	0	0
Criteria	0	165	0	3	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	There is a Māori health plan and policy that describes the Māori perspectives of health and a commitment to Te Tiriti o Waitangi. There are established linkages with Māori providers (Uruuruwhenua Hauora and Te Kāika). A nearby school visits the facility on a regular basis to perform Kapa Haka. The service has provided training sessions to all staff on cultural safety, diversity, equity, Te Tiriti and tikanga. There were no residents who identified as Māori at the time of the audit. All staff have access to relevant tikanga guidelines. Te reo Māori is encouraged to be used in general conversations. The business plan reviewed evidenced leadership commitment to ensure all aspects of service delivery are culturally safe. The recruitment policy includes provision of an equitable recruitment process. The manager confirmed in interview that the service supports a Māori workforce through an equitable recruitment process. There are staff who identify as Māori employed at the service. Interviews with the manager, previous manager and seven staff (one clinical lead nurse, three caregivers, one activities coordinator, one cook and one cleaner) confirmed that mana motuhake is respected and they are well-equipped to deliver equitable services.

Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	There is a Pacific health plan documented that focuses on achieving equity and efficient provision of care for Pacific people. Pacific culture, language, faith, and family values form the basis of the culture, and are therefore important aspects of recognising the individual within the broader context of the Pacific culture. At the time of the audit there were no residents that identify as Pasifika. The Pacific health plan has been written by an external consultant, well known and respected in the industry. On admission all residents state their ethnicity. Teviot Valley Rest Home has links with the Pacific providers to ensure connectivity within the region. There are staff at Teviot Valley Rest Home who identify as Pasifika. Pacific staff are able to provide guidance and support for Pacific peoples if required.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	The Health and Disability Commission (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed on posters in English and te reo Māori. Brochures on the Code and the Nationwide Health and Disability Advocacy Service are also available. Interviews with five residents and three family/whānau confirmed that staff are respectful and considerate of residents' rights in line with the Code. The manager confirmed the involvement of independent advocacy when required. Monthly resident meetings provide a platform for residents to voice their preferences regarding various aspects of the home, including food and activities. The meeting minutes evidenced residents' wishes are conveyed to management. Documented evidence shows that the service follows up on issues raised. The service actively supports and encourages family/whānau 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 are provided with opportunities to discuss and clarify their rights. The manager confirmed their commitment to respecting and upholding Māori autonomy and mana motuhake, which was confirmed by staff interviewed.

Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	Resident file reviews and interviews with staff, residents and family/whānau confirmed that Teviot Valley 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 characteristic. Staff were observed to maintain privacy throughout the audit. All residents have a private room. Care plans include respect for advance directives and personal wishes, as well as efforts to promote independence. Residents affirmed that their personal priorities are supported, which was observed during the audit and reflected in individualised care plans. In interviews, staff demonstrated their understanding of the principles of Te Tiriti o Waitangi and how to apply these in their daily work. Māori language is prominently featured in the facility's signage and posters. The Board and management are committed to respecting and upholding Māori autonomy, language, and mana motuhake. Māori cultural days are celebrated and include Matariki and Māori language week. Staff receive 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. A sexuality and intimacy policy is in place, with training included in the education schedule. Staff were observed to use person-centred and respectful language with residents. Spiritual needs are identified and support is available. The caregivers interviewed explained how the service meets the residents' cultural and spiritual needs.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are	FA	Staff demonstrated a clear understanding of the service's policy on abuse and neglect, including the appropriate actions to take if any signs were observed. The audit found no instances of discrimination, coercion, or harassment, and this was also confirmed through staff, resident, family/whānau interviews, and reviewed documentation. Staff sign a code of conduct upon commencing employment. Staff

safe and protected from abuse.		demonstrated an understanding of what Te Tiriti o Waitangi means to their practice. Residents interviewed reported that their property is respected, and professional boundaries are consistently maintained. Residents' finances are protected, and residents are invoiced for any incidental charges against their comfort account. Interviews with staff and management confirmed their commitment to fostering a positive, inclusive, and safe working environment. They are encouraged to address issues of racism and acknowledge their own biases, ensuring a supportive and equitable workplace. Staff interviewed expressed confidence in raising concerns about institutional and systemic racism, knowing that such concerns would be addressed. A strengths-based and holistic model of care is implemented, ensuring wellbeing outcomes for Māori is achieved when in care.
Subsection 1.6: Effective communication occurs The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	Information related to the service and what to expect when entering the service is provided to residents and family/whānau on admission. Non-subsidised residents` family/whānau are advised in writing of their eligibility and the process to become a subsidised resident. Family/whānau and residents are informed prior to entry of the scope of services and any items that are not covered by the agreement. Residents and family/whānau interviewed provided positive feedback, noting that communication is open and effective, and they felt listened to. The clinical lead nurse described a process around providing residents and family/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, although this is not always well documented (Link to 3.2.5). Monthly newsletters provide residents and family/whānau with an update of the events and activities happening in the rest home. A review of ten 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 current, with a secondary contact noted when the EPOA is unavailable. A review of the residents' meeting minutes confirmed that residents can raise issues with staff and management. These concerns are followed up, and any issues are addressed promptly. Teviot Valley Rest Home has access to interpreter services

		and cultural advisors/advocates when required. At the time of the audit, all residents could speak and understand English.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.	FA	There are policies around informed consent. Informed consent processes were discussed with residents and families/whānau on admission. Five resident files reviewed included signed general consents sighted for outings and photographs as part of the admission process. Specific consents had been signed by resident and families/whānau for procedures such as influenza and Covid-19 vaccines and boosters. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain consent for entering rooms and supporting with personal care. The admission agreement is appropriately signed by the resident or the enduring power of attorney. The service welcomes the involvement of families/whānau in decision-making, where the person receiving services wants them to be involved. Advance directives and shared goals of care for health care, including resuscitation status, have been completed by residents deemed to be competent. There is documented evidence of discussion with the enduring power of attorney. Discussion with families/whānau identified that the service actively involves them in decisions that affect their relative's lives, although this is not always well documented (Link to 3.2.5). Discussions with the caregivers and clinical lead nurse confirmed that staff understand the importance of obtaining informed consent when providing personal care and accessing residents' rooms. Training has been provided to staff around the Code, informed consent and enduring power of attorney. The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care, as evidenced in the resident files reviewed.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.	FA	The complaints procedure is provided to all residents and family/whānau on entry to the service. The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori. The manager maintains a complaints' register

Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.		containing all appropriate documentation, including formal acknowledgement, investigation, and resolution records in accordance with guidelines set by the Health and Disability Commissioner (HDC), and the organisation's policy and procedures. There have been two complaints made since the last audit (one in 2024 and one in 2025). All complaints reviewed included acknowledgement, investigation, follow up, and replies to the complainant, and were managed within the timeframes set out by HDC. Discussions with residents and family/whānau confirmed they are provided with information on complaints, and complaints forms are available at the entrance to the facility. The complaints process links to the advocacy service. Residents have a variety of avenues they can choose from to lodge a complaint or express a concern, including verbally, in writing or through a resident`s advocate. Resident meetings are another avenue to provide residents with the opportunity to voice their concerns. The manager has an open-door policy and encourages residents and family/whānau to discuss any concerns. General staff meeting minutes cover discussions relating to any complaints lodged. The complaints process is equitable for Māori, and the manager is available to meet and discuss any complaints face-to-face.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.	FA	Teviot Valley Rest Home Incorporated is a charitable organisation, who is the sole shareholder of Teviot Valley Rest Home Limited. Their role is to operate the Teviot Valley Rest Home. Teviot Valley Rest Home Limited (owner/operating company) comprises of a Board of four trustees, who hold a monthly Board meeting with the manager, who presents a monthly report. Teviot Valley Rest Home provides care for up to 14 residents at rest home level care. On the day of the audit, there were 13 residents. All residents were funded through the age-related residential care (ARRC) agreement. The Teviot Valley Rest Home Board has connections with local iwi. The Board oversees compliance with legislative, contractual, and regulatory requirements; external advice is sought as required. The manager reports monthly to the Board on variety of management and

		operational issues, including key performance indicators (KPI). There is a 2026 business plan in place which includes a mission statement identifying the purpose, mission, values, direction, and goals for the service. The business plan reflects a leadership commitment to the quality and risk management system and to collaborate with Māori. The business plan aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The manager and Board analyse internal processes, business planning and service development to reduce barriers, improve outcomes, and achieve equity for Māori. Business goals are reviewed at the quarterly Board meeting. The service has a clinical governance structure in place that is appropriate to the size, scope, and complexity of the service. A Board member (previous RN/manager) provides clinical oversight for the service. The Board have undertaken cultural training and can demonstrate expertise in Te Tiriti, health equity, and cultural safety. The identification of barriers with implemented strategies are identified in the business plan, quality plan and Māori health plan. Staff who identify as Māori and/or tāngata whaikaha are consulted to provide their input for equitable care delivery. Day-to-day operations are the responsibility of the manager, who has been in her role for three weeks, and is supported by a clinical lead nurse and the experienced care team. The manager is being orientated and supported into the role by the previous manager (Board member). The manager has extensive management leadership experience of over 30 years. The previous manager was present during the audit.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.	FA	Teviot Valley Rest Home is implementing a quality and risk management programme. Quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data (eg, falls, medication errors, infections, skin integrity/tears, complaints, restraints). The clinical lead nurse completes a monthly clinical and quality report that is presented at the monthly staff/quality improvement meeting. The meeting provides an avenue for discussions in relation to (but not limited to):

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.		quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; internal audit compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented, and evidence of progress and/or sign off when achieved. Quality data and trends in data are posted as part of the meeting minutes. Corrective actions are discussed in meetings to ensure any outstanding matters are addressed with sign-off when completed. Quality data analysis including benchmarking, feedback through residents' meetings, and complaints management provides an avenue for critical analysis of work practices to ensure health equity. Cultural safety is embedded in the quality system to ensure staff can deliver high-quality health care for Māori. An annual resident and family/whānau satisfaction survey was conducted in October 2025 by the service. The survey indicated that residents and family/whānau were satisfied with all aspects of service delivery. The residents, family/whānau and staff were informed of the results. Corrective actions have been implemented and completed relating to an environmental unpleasant odour. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed by an external provider. A health and safety system is in place. The health and safety team is led by the manager. Staff incidents, hazards and other health and safety issues are discussed monthly as part of the staff/quality improvement meetings. Identifications of any hazards are documented and an up-to-date hazard register in place. Electronic reports are completed for every incident/accident. A monthly summary is provided against each clinical indicator. Results are discussed in meetings and at handover. A sample of ten incident/accident reports were reviewed and evidence appropriate and timely follow up, investigations and communication to family/whānau. Opportunities to minimise future risks are identified by the manager, in consultation with the clinical lead nurse, and caregivers.

		Discussions with the manager reflected their awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been two Section 31 notifications required to notify HealthCERT, and no notifications required to be made to the Health Quality and Safety Commission since the last audit. There has been one Covid-19 outbreak documented since the previous audit.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	The staffing policy describes safe staffing levels. The roster provides sufficient and appropriate cover for the effective delivery of care and support. The facility adjusts staffing levels to meet the changing needs of residents. The rosters reviewed were fully covered and backfilled when staff were absent on short notice. The manager works full time from Monday to Friday. The clinical lead nurse is rostered 32 hours a week: Monday, Tuesday, Thursday and Friday. The manager is available 24/7 for any operational related matters after hours. The clinical lead nurse is on call 24/7 for any clinical issues, with support from Health Central's after-hours service. All staff hold current first aid certificates, ensuring a first aid trained staff member is on duty 24/7 (link to 4.2.4 for first aid and volunteer staff). Interviews with residents and families/whānau confirmed staffing is satisfactory. There are separate staff allocated to non-clinical duties, including maintenance, activities, housekeeping, and the kitchen. Residents, family/whānau and staff interviewed stated there is communication when staffing levels might change; this was also evidenced in meeting minutes. Staff interviewed stated that the staffing levels and workload is adequate. There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. This includes staff completing a cultural competency. External training opportunities for care staff include training through Health New Zealand. Compulsory training also includes topics relevant to the conditions of the cohort of residents within the facility. Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes, disparities, and health equity. Staff confirmed that they are provided with resources during their cultural training.

		Māori staff also share information and whakapapa experiences to support learning. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Fourteen caregivers are employed, and twelve hold the NZQA Certificate in Health and Wellbeing level two or above. The clinical lead nurse has completed interRAI training. All staff are required to complete competency assessments as part of their orientation. There are external training opportunities provided to the clinical lead nurse. Annual competencies include moving and handling, hand hygiene, personal protective equipment, and cultural awareness competencies. The clinical lead nurse completes annual medication administration competency, including insulin and oxygen administration. A record of completion is maintained on the electronic file system. There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at the staff/quality improvement meetings, employee surveys, and performance appraisals.
Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	FA	There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files were selected for review (one clinical lead nurse, three caregivers and one activities coordinator), and all evidenced recruitment processes are being implemented. The employment process includes reference checking, qualifications, employment contract, and job descriptions. A register of practising certificates is maintained for all health professionals. Staff interviewed were knowledgeable around their individual job descriptions, responsibilities, and accountabilities. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice. Competencies are completed at orientation and then as part of the ongoing education plan. Teviot Valley Rest Home demonstrated that the orientation programme supports the clinical lead nurse and caregivers to provide a culturally safe environment to Māori. Staff 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 support is provided after any incidents.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.	FA	Resident records, staff files, and the medication management are electronic. The 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 documented include the name and designation of the service provider. Residents and staff archived files 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 manager is the privacy officer and oversees all requests related to health information. The service is not responsible for National Health Index registration.
Subsection 3.1: Entry and declining entry The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.	FA	Policies and procedures are documented to guide the management of entry and declining entry processes. Entry to the service is facilitated in a competent, equitable, timely, and respectful manner. Information regarding access, timeframes, scope of services, and associated costs is provided to prospective residents and their whānau prior to, or at the time of admission. Interviews with residents and family/whānau confirmed that sufficient information was received to support informed decision-making. Five admission agreements reviewed aligned with contractual and legislative requirements. Exclusion criteria are clearly outlined within the admission agreement. Review of resident files confirmed that admission processes complied with documented entry criteria. At the time of audit, all residents were assessed as requiring rest home level of care. The service holds additional contracts; however, each prospective admission is assessed by the clinical lead nurse to

		ensure the resident meets the criteria of the relevant contract under which the service operates and that their needs can be safely met. Needs Assessment and Service Coordination (NASC) documentation was retained on file to evidence the assessed level of care. The clinical lead nurse manages admission enquiries and maintains a waiting list where required, the service communicates with people in the waiting list as needed. The service communicates openly with prospective residents and whānau throughout the admission process. Declining entry would occur if no beds were available, or if the service was unable to safely meet the person's assessed needs under its contractual obligations. In such cases, alternative service options and community links are provided, and the rationale for declining entry is documented and communicated appropriately. Ethnicity data is collected at the time of enquiry and admission. The service collates ethnicity information to monitor access, entry, and decline patterns and to identify any inequities. The service maintains established relationships with Māori health providers, including Uruuruwhenua Hauora (Alexandra) and Te Kāika (Dunedin), to support culturally appropriate care, hauora (holistic wellbeing) services, and access to kaupapa Māori health and social support where required.
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	PA Low	Five files were reviewed for this audit. The clinical lead nurse is responsible for conducting all assessments and developing care plans. Residents and family/whānau interviewed confirmed they are involved in the assessment, care planning, and review process, which was evidenced in the files reviewed. There are policies and procedures to ensure that the service supports Māori and family/whānau to identify and minimise barriers and to determine their own pae ora outcomes within their care or support plan where applicable. All residents had admission assessment information collected and an initial care plan completed at the time of admission. All reviewed files had interRAI assessments completed. Documentation confirmed that interRAI assessments and long-term care plans were completed within required timeframes.

		Long-term care plans include interventions to guide care delivery reflective of assessed needs. Care plans are holistic and align with the service's person-centred model of care. Evaluations have been completed at least six-monthly or earlier when residents' needs changed. A review of care plans did not all evidence that the resident and/or family/whānau had been involved with the review of goals and subsequent changes to the care plan. The formal evaluation of goals did not always document the degree of achievement toward set goals. Short-term care plans were utilised appropriately for infections, weight loss, behaviours of concern, and wounds, with relevant interventions transferred to long-term care plans in a timely manner. General practitioner (GP) services are provided by the local medical practice, which is attached to the rest home building. Residents are assessed by the GP following admission and reviewed at least three-monthly or earlier as clinically indicated. The GP was not available for interview during the audit. The local medical practice also provides physiotherapy services and nursing backup support when required, to support clinical decision-making and continuity of care. Podiatry services are provided once every two months. Referrals to other specialist and allied health services are initiated as required, and interventions are documented and integrated into residents' care plans. Caregivers and the clinical lead nurse described a verbal handover at the beginning of each shift to ensure continuity of care. This was observed on the day of audit and found to be comprehensive. Progress notes are documented daily by caregivers and/or the clinical lead nurse. The clinical lead nurse documents clinical reviews, incidents, GP visits, and changes in health status. Residents interviewed reported their needs and expectations were being met. Family/whānau confirmed they are notified of changes in health status, including infections, incidents, GP visits, and medication changes. Documentation of these communications was evident in progress notes. A wound register is maintained. Three residents had wounds (pressure injuries, skin tear and skin lesion) on the day of audit. There were two stage II pressure injuries at the time of audit. Wound

		assessments, management plans, and evaluations were documented, including photographic evidence where appropriate to demonstrate healing progression. Care plans reflected required health monitoring interventions. Caregivers and the clinical lead nurse complete monitoring charts, including bowel records, blood pressure, weight, food and fluid intake, pain assessments, behaviour monitoring, and blood glucose levels as indicated. Monitoring reviewed was completed as scheduled. Neurological observations were completed following unwitnessed falls or suspected head injuries in accordance with policy.
Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.	FA	The activities programme is overseen by the activities officer, who works Monday to Friday from 1:00pm to 4:00pm. Activities planning is informed by each resident's care plan within the resident management system, which is developed following an interview at the time of admission. This ensures that activities are planned in accordance with residents' interests, preferences, and identified cultural and spiritual needs. The activities officer is responsible for maintaining residents' activity profiles, planning the monthly and weekly activities programme, and documenting attendance and engagement in progress notes within the resident management system. The clinical lead nurse is responsible for incorporating cultural, social, and activity-related needs into care planning and for evaluating outcomes (link to 3.2.5). Activities are wide ranging and include individual one-on-one engagement (such as walks), small group activities (such as baking), and larger group gatherings and games. Regular weekly activities include happy hour, indoor bowls, exercises, and van outings. Van trips and outing are supervised by volunteers (Link to 4.2.4 as volunteers do not have a first aid qualification). Attendance registers are maintained and reviewed to ensure residents are participating in meaningful activity. Each resident's activity plan is evaluated regularly through the resident management system, to ensure continued relevance and responsiveness to changing needs. Residents, family/whānau, and staff interviewed reported that the activities programme is well supported by community volunteers, and

		demonstrates strong integration with the wider community, including participation in local vegetable gardening initiatives, and visits from local schools and church groups. Residents who prefer not to attend group activities are offered one-on-one visits and individual engagement. Although there are currently no residents who identify as Māori, the service's activity planning framework incorporates cultural assessment and care planning processes to ensure cultural needs would be appropriately identified and supported, should Māori residents be admitted.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	A medication management policy is implemented and reflects current legislative requirements and safe practice guidelines. All staff who administer medications complete annual medication competency assessments and receive education in safe medication administration. Staff were observed administering medications safely. The clinical lead nurse and medication competent caregivers interviewed were able to describe their roles and responsibilities in relation to medication administration. The service uses pharmacy-supplied blister packs. All medications are checked on delivery against the electronic medication chart, and any discrepancies are communicated to the supplying pharmacy. Medications are stored securely in a locked medication trolley within a secure medication room. The medication trolley remains locked when not in use. Medication room and refrigerator temperatures are monitored daily and have remained within set limits. All medications, including stock medications, are checked monthly. Eye drops are dated on opening and discarded according to manufacturer instructions. Ten electronic medication charts were reviewed. All charts evidenced three-monthly review by the GP and included photo identification and documented allergy status. Pro re nata (prn) medications were administered as prescribed, and effectiveness was recorded in the electronic medication system or progress notes. Health New Zealand; Older Persons/Mental Health & Addictions (email dated 2nd February 2026), requested a follow-up on three-monthly reviews by the GP for residents self-administering medications. This certification audit

		confirms that has been addressed. There was one resident self-administering inhaler at the time of audit. The resident has been assessed as competent by the GP, with competency reviewed and signed off during the three-monthly medical review. The self-administration process is documented in the care plan, and appropriate storage and monitoring arrangements are in place. Over-the-counter vitamins, supplements, and alternative therapies are prescribed by the GP and charted on the electronic medication system. There are no vaccines stored on site. Standing orders are not used. Residents and family/whānau are informed of medication changes, including the reason for changes and potential side effects, and this is documented in the progress notes. The clinical lead nurse described working in partnership with Māori residents and whānau to ensure appropriate support is in place, advice is timely and accessible, and treatment is prioritised to achieve equitable health outcomes. Residents and their family/whānau are supported to understand their medications when required.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	All meals are prepared and cooked on site. There are two cooks, one full-time and one relieving cook (also the activities officer). Both cooks were interviewed. All kitchen staff hold current safe food handling certificates. The food control plan is current and due for renewal May 2026. When a resident is admitted, the clinical lead nurse conducts an interview with the resident and their family/whānau to complete a dietary profile and nutritional assessment. Information gathered is entered into the resident management system, which records nutrition and fluid requirements and identifies any associated risks or concerns. The dietary profile is also available in the kitchen for reference by cooks and caregivers. The facility's menus follow a four-week cycle with two seasonal variations, and has been reviewed by a dietitian. A food services manual is available in the kitchen. The cooks receive dietary information from the clinical lead nurse and are notified of any changes to dietary requirements, including diabetic and puréed diets, and residents experiencing weight loss. The cooks interviewed demonstrated awareness of residents' likes, dislikes, and special

		dietary requirements. Alternative meal options are offered for residents with specific preferences, including religious or cultural requirements. Cultural food options are available on request. Nutrition and fluid intake are discussed at monthly staff meetings under the kitchen section and within each resident's clinical summary. This supports multidisciplinary review of any identified concerns and timely intervention where required. Meals were observed to be well presented on the day of audit. Residents were observed enjoying their meals. The dining environment was pleasant and maintained residents' dignity. Staff were observed assisting residents respectfully as required. Adaptive equipment, including lipped plates, is available to support safe dining. The cooks maintain a daily diary, including refrigerator and freezer temperature recordings. Food temperatures are monitored at different stages of preparation. Meals are served directly from the kitchen to the dining room. Residents and family/whānau interviewed were complimentary regarding the food service and the variety and choice offered. Feedback can be provided directly to the cooks or the manager.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.	FA	Planned discharges and transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. Policies and procedures are in place to guide the safe and timely discharge or transfer of residents. Family/whānau are involved in all transfers and discharges to and from the service. They are provided with information and options to access other health and disability services, social supports, or kaupapa Māori agencies, where indicated or requested. Family/whānau are encouraged to accompany residents to external appointments where appropriate. The clinical lead nurse described the transfer process as including a comprehensive verbal handover, and the completion of relevant transfer documentation to ensure receiving services are provided with accurate and up-to-date clinical information.

Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	FA	The buildings, plant, and equipment are fit for purpose at Teviot Valley Rest Home and comply with legislation relevant to the tāngata whaikaha services being provided. The environment is inclusive of peoples' cultures and supports cultural practices. The building holds a current warrant of fitness, expiry date 28 June 2026. The manager oversees maintenance and uses essential contractors/tradespeople as required. Maintenance requests are documented in a maintenance book. Gardeners are contracted to maintain gardens and grounds. The manager notifies the appropriate maintenance people, who report back when a task has been completed, so it can be signed off. There is an annual preventative maintenance plan that includes electrical testing and tagging, medical equipment checks, call bell checks, and the calibration of medical equipment. Monthly testing of hot water temperatures occurs and if temperature recordings are out of the expected range, a plumber is notified. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home level of care residents. The corridors are sufficient to allow for safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external courtyards and gardens have seating and shade. There is safe access to all communal areas. There are fourteen rooms; one has an adjoining ensuite, three with a toilet, and the remaining ten have hand basins. There are communal bathrooms/showers within the facility with privacy locks and privacy curtains. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. Residents are encouraged to personalise their bedrooms, as viewed on the day of audit. The main dining room is adjacent to the kitchen and open plan with doors that open out to a garden, with outdoor seating and shade. There is safe access to the outside areas and gardens. All bedrooms and communal areas have ample natural light and ventilation. The service has no plans to expand or alter the building, but will consider how designs and the environment reflects the aspirations and identity of Māori, for any new additions or new building construction that may take place in the future.

Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	PA Low	Emergency/disaster management policies 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 procedure guides 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 in April 2001. A fire evacuation drill is repeated six-monthly, with the last drill completed on 6 November 2025. Civil defence supplies are managed through a series of grab bags to ensure that supplies are always up to date. The facility has a diesel generator in the event of a power outage. Emergency lighting is available; however, at the time of the audit, they were not operational. There is a gas stove in the kitchen to cook on in the case of a power outage. There is an adequate food supply available for each resident, for minimum of three days. Emergency water supplies currently on site, including two header tanks and bottled water, are sufficient to provide three litres per person, per day for seven days. Emergency management is included in staff orientation and is included in the ongoing education plan. There is always a first aid trained staff member on duty 24/7 in the rest home; however, volunteers who take residents out on trips do not have current first aid certificates, and are not assisted by a first aid trained caregiver. There are call bells in the residents' rooms and communal toilets close to lounge/dining room areas. Call bells are tested as per the maintenance schedule. Staff were observed to be responsive to call bells on the day of the audit. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. Night staff complete regular security and safety checks overnight.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.	FA	The infection prevention and control (IPC) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, and are integrated into the quality improvement framework. Governance oversight is demonstrated

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.		through monthly Board reporting, where the facility manager presents infection data using the resident management reporting template. The IPC programme is overseen by the clinical lead nurse, who is supported by external expertise from the IPC team at Dunedin Hospital. The infection control team includes the clinical lead nurse, facility manager, and the prescribing doctor. Infection data is analysed to ensure treatment has been appropriate and effective. There is a documented pathway for reporting infection prevention issues to governance. Infection rates and trends are reviewed monthly and discussed at staff and quality meetings. Significant events are escalated appropriately. The service maintains an outbreak management folder containing guidance, documentation templates, and signage required to manage outbreaks. One Covid-19 outbreak occurred in June last year, and was managed in accordance with the outbreak management plan. Residents and staff are offered influenza and Covid-19 vaccinations. Hand sanitiser is available throughout the facility, and visitors are advised not to attend if unwell.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The infection prevention programme is reviewed annually and is linked to the quality improvement system. The clinical lead nurse oversees implementation of the programme and has completed external infection prevention training. IPC policies have been developed with input from external expertise, and reflect current accepted best practice and legislative requirements, including management of multi-drug-resistant organisms. Roles and responsibilities for infection prevention are clearly defined. Infection prevention education is provided at orientation and ongoing intervals. Residents and family/whānau receive information relevant to infection prevention practices. Infection data is shared at monthly staff meetings, and multidisciplinary discussion occurs regarding identified concerns. Staff demonstrated knowledge of standard precautions and transmission-based precautions. Single-use medical devices are not

		reused. Reusable equipment is cleaned and decontaminated according to manufacturer guidance. There are sufficient personal protective equipment supplies available to support routine practice and outbreak response. The pandemic response plan includes management of unwell residents, staff and visitors, laundry, food services, and communication processes. The plan has been reviewed and implemented. Information about infection prevention is available in te reo Māori, and staff described implementing culturally safe practices aligned with Te Tiriti principles.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.	FA	The service has a documented antimicrobial stewardship programme appropriate to its size and scope. The programme is approved by governance and aligned with recognised New Zealand antimicrobial stewardship guidance. Antibiotic and antimicrobial use is monitored through review of prescribing charts, medication records, and clinical documentation. The clinical lead nurse, facility manager, and GP monitor prescribing practices and evaluate compliance. Infection rates and antimicrobial use are discussed at quality and staff meetings. Where trends or concerns are identified, action plans are developed to improve practice and promote responsible antimicrobial use.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	FA	Surveillance activities are appropriate to the size and complexity of the service. Monthly infection data is collected using standardised definitions and recorded in an infection register. Data includes infection type, organism (where applicable), and ethnicity. Infection data is analysed monthly and annually to identify trends. Findings are discussed at staff and quality meetings and reported to governance. Where required, corrective actions are implemented. Communication processes are in place to inform residents and family/whānau of infection-related concerns in a culturally safe manner.

		There has been one outbreak since the previous audit. Outbreak documentation was maintained, and a post-outbreak review was completed to identify opportunities for improvement. Adequate PPE supplies were available throughout the event.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	FA	Policies and procedures guide waste management and the handling of infectious and hazardous substances. Staff interviews confirmed these processes are implemented in practice. Cleaning and laundry processes are monitored through the internal audit programme and management oversight. The cleaner (interviewed) is rostered five days per week. Chemicals are stored securely, and a closed dispensing system is used. Material safety data sheets are available, and relevant staff have completed chemical training. Laundry services are undertaken on site. The laundry has a clear dirty-to-clean flow, with separate areas for washing and folding. There are appropriate sluicing facilities and handwashing stations available. Staff demonstrated awareness of cross-contamination prevention and appropriate use of PPE. Residents and family/whānau interviewed reported satisfaction with cleanliness and laundry services. The infection prevention coordinator provides oversight during construction, renovation, or maintenance activities to minimise infection risk.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	A restraint policy is in place and aligns with the requirements of the standard. The policy specifies the service's commitment to maintain a restraint-free environment. At the time of audit, there were no residents using restraint and the service has remained restraint free for at least the past two years. The clinical lead nurse is the designated restraint coordinator. Documented roles and responsibilities for this position are in place, and a job description clearly defines the scope of the role. Although the service is restraint free, restraint meetings occur six-monthly to

		review practice and maintain oversight. The restraint coordinator ensures that care planning explores all alternatives to restraint, including strategies that address cultural needs and beliefs, falls prevention, and the management of behaviours of concern. Quality and all-staff meetings are held, and any use of restraint would be discussed at these meetings. Staff receive ongoing education related to maintaining a restraint-free environment and safe practice. Current annual competencies were sighted.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the	PA Low	Long-term care plan evaluations were completed at least six-monthly or earlier when residents' needs changed. Outcome monitoring tools and reassessment processes were utilised to inform review. A review of five out of five resident files confirmed that care plan evaluations had been completed within expected timeframes. However, documentation reviewed did not consistently evidence collaborative involvement of the resident and/or family/whānau in the formal evaluation of goals. Formal evaluations did not always clearly record the degree of achievement against agreed goals and aspirations. Documentation also did not consistently demonstrate that changes to the care plan were discussed and agreed in partnership with the resident and/or family/whānau.	i). Planned care plan reviews did not consistently evidence collaborative involvement of the resident and/or family/whānau in the formal evaluation of goals. ii). Formal care plan evaluations did not always record the degree of achievement against agreed goals and aspirations. iii). Documentation did not consistently demonstrate that changes to the care plan were discussed and agreed in partnership with the resident and/or	i-iii). Ensure care plan review consistently document resident and/or family/whānau involvement, the degree of achievement against agreed goals, and any changes to the care plan agreed through the review process. 180 days

ongoing re-assessment and review process, and ensure changes are implemented; (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.			family/whānau.	
Criterion 4.2.4 Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.	PA Low	There is always a first aid trained staff member on duty 24/7 in the rest home; however, volunteers who take residents out on trips do not have a current first aid certificates and are not assisted by a first aid trained caregiver.	Volunteers that take residents out on trips on a regular basis, do not have a current first aid certificate, and are not assisted by a first aid trained caregiver.	Ensure that volunteers have a current first aid certificate, or that they are assisted by a first aid trained caregiver. 90 days
Criterion 4.2.7 Alternative essential energy and utility sources shall be available, in the event of the main supplies failing.	PA Low	Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The facility has a diesel generator in the event of a power outage. Emergency lighting is available; however, at the time of the audit, they were not operational.	Emergency lighting is available; however, at the time of the audit, they were not operational.	Ensure that the emergency lighting is repaired, so that they are operational in the case of a power outage. 90 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.