

# Heritage Lifecare Limited - Princes Court Lifecare

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Heritage Lifecare Limited

**Premises audited:** Princes Court Lifecare

**Services audited:** Dementia care

**Dates of audit:** Start date: 12 February 2026      End date: 13 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:** 25

# Executive summary of the audit

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

## General overview of the audit

Heritage Lifecare Limited (Heritage Lifecare) owns and operates Princes Court Lifecare (Princes Court), which is one of two Heritage Lifecare providers in Ashburton. The facility provides rest home dementia services for up to 35 residents. Since the last audit, a new care home manager commenced in December 2024 and a new clinical services manager commenced on 26 January 2026, having transferred from another Heritage Lifecare facility. No changes have occurred to the facility or services provided.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts the provider holds with Health New Zealand – Te Whatu Ora (Te Whatu Ora). The process included a pre-audit assessment of policies and procedures, a review of residents’ and staff files, observations, and interviews with residents and whānau, two regional managers, a governance representative, facility management, staff, and a general practitioner.

A strength of the service, resulting in a continuous improvement rating, was its activities project. Improvements are required to the auditing system and staffing.

## 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.

Heritage Lifecare works collaboratively to support and encourage a Māori and Pacific peoples' worldview of health in service delivery within its facilities.

Princes Court provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There were health plans that encapsulated care specifically directed at Māori, Pacific peoples, and other ethnicities.

Managers and staff have internal Māori supports and external marae contacts to encourage a Māori worldview of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination), and this was confirmed by a Māori resident's file review and staff interviewed.

Systems and processes were in place to enable Pacific people to be provided with services that recognised their worldviews and were culturally safe.

Residents and their whānau had been informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these were upheld. Personal identity, independence, privacy, and dignity were respected and supported. Staff reported they had participated in Te Tiriti o Waitangi training, and this was reflected in day-to-day service delivery. Residents were safe from abuse.

Residents and whānau received information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication was practised, and interpreter services were provided as needed.

Whānau and legal representatives were involved in decision-making that complied with the law. Advance directives are followed wherever possible.

Complaints are resolved promptly and effectively in collaboration with all parties involved. There are processes in place to ensure that the complaints process works equitably for Māori.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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The organisation is governed by Heritage Lifecare. The board of directors work with the regional managers and managers at Princes Court to monitor organisational performance and ensure ongoing compliance.

The governing body assumes accountability for delivering a high-quality service that is inclusive of, and sensitive to, the cultural needs of Māori. All directors are suitably experienced and qualified in governance and have completed education in cultural awareness, Te Tiriti o Waitangi, and health equity.

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

The quality and risk management systems are focused on improving service delivery and care. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes the collection and analysis of quality improvement data, identifying trends that leads to improvements. Actual and potential risks are identified and mitigated. Adverse events are documented, with corrective action processes in place. The service complies with statutory and regulatory reporting obligations.

Staff are appointed, orientated, and managed using current good practice. Staff are suitably skilled and experienced. Staffing levels meet the requirements of the service staffing matrix; however, issues were identified. A systematic approach to identify and deliver ongoing learning supports safe and equitable service delivery. Staff performance is monitored.

Residents' information was accurately recorded, securely stored, and was not on public display or accessible to unauthorised people.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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When residents are admitted to Princes Court, a person-centred and whānau-centred approach is consistently adopted. Relevant, accurate and appropriate information is provided to prospective residents, their legal representatives and whānau at the point of admission to support informed decision-making and facilitate a smooth transition into the service.

Princes Court works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life. The activities programme is a strength of the service.

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents, with special cultural needs catered for. Food is safely managed.

Residents are referred or transferred to other health services as required.

## **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 meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical and biomedical equipment had been checked and tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of tāngata whaikaha (people with disabilities).

Staff are trained in emergency procedures, including civil emergencies, the use of emergency equipment and supplies, and attend regular fire drills. Staff and whānau interviewed understood emergency and security arrangements. Security is maintained.

## **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.
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The Heritage Lifecare governing body oversees the implementation of the infection prevention and control programme, which is linked to the quality management system. Annual reviews of the programme were reported to the board, as were any significant infection events.

The governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

The environment supports both prevention of infections and mitigation of their transmission. Waste and hazardous substances were well managed. There were safe and effective laundry services.

## 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.
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The service is a restraint-free environment. This is supported by the Heritage Lifecare governing body and policies and procedures. There were no residents using restraint at the time of audit. A comprehensive assessment, approval, and monitoring process, with regular reviews, is in place should restraint use be required in the future.

The clinical service manager is the restraint coordinator and oversees the restraint-free environment. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, alternative interventions to restraint, 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	25	0	2	0	0	0
Criteria	1	164	0	2	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Heritage Lifecare has a Māori Health Plan that guides care delivery for Māori using Te Whare Tapa whā model, and by ensuring mana motuhake (self-determination) is respected. The plan has been developed with input from cultural advisers and can be used for residents who identify as Māori.</p> <p>Input from Māori is supported through the Māori Network Komiti, a group of Māori employees. The Komiti has a mandate to further assist the organisation in relation to its response to the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021, and its Te Tiriti o Waitangi obligations. The Māori Network Komiti has a kaupapa Māori structure and involves people from the clinical leadership group, clinical service managers, site managers, registered nurses (RNs), and other care workers. The care home manager (CHM) and administrator have attended these meetings and the CHM is encouraging other staff to attend. The group provides information through the clinical governance structure (the clinical advisory group) to the board. The service accesses support through Hakatere Marae and staff have a document that gives the contact details for the marae. The use of te reo was sighted on some signage and in the activities programme, and the facility celebrates Matariki and Waitangi Day.</p>

		<p>The staff recruitment policy is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. Staff who identified as Māori are employed at all levels of the organisation, including in leadership and training roles. The staff at Princes Court are multicultural; however, there were currently no staff who identified as Māori. Support is provided by Māori staff from a neighbouring Heritage Lifecare facility. Heritage Lifecare and the CHM support increasing Māori capacity by employing Māori staff members who meet the requirements of the position, and this is outlined in its strategic plan and in policy documentation. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. Training on Te Tiriti o Waitangi is part of the Heritage Lifecare training programme and is implemented within the service. The training supports staff to understand the key elements of service provision for Māori and tāngata whaikaha, including mana motuhake and the provision of equitable care services.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Heritage Lifecare understands the equity issues faced by Pacific peoples and can access guidance from Pacific staff within the organisation regarding appropriate care and service delivery. Two members of the executive team identify as Pacific peoples and can support the board to meet its Ngā Paerewa obligations to Pacific peoples. At Princes Court, 13 staff identify as Pacific peoples, including individuals from Tonga, Samoa, and Fiji. Staff celebrate their diversity through shared meals from their countries of origin and by wearing traditional national dress.</p> <p>A Pacific Health Plan is in place that utilises the Fonofale model of care, documenting care requirements for Pacific peoples to ensure culturally appropriate services are provided. The plan has been developed with input from cultural advisers. There were no Pacific peoples resident in the service during the audit. Staff who identify as Pacific peoples and were interviewed stated they felt Pacific peoples would receive culturally safe services at Princes Court. Princes Court has access to local Pacific communities through Fale Pasifika o Aoraki, the Ashburton Community Hub, and local church groups.</p> <p>The staff recruitment policy is clear that recruitment will be non-</p>

		<p>discriminatory, and that cultural fit is one aspect of appointing staff. The service supports increasing Pacific peoples' capacity by employing more Pacific staff across different levels of the organisation. This commitment is outlined in its strategic plan and policy documentation. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level.</p> <p>Training on culturally specific care, including care for Pacific peoples, is part of the Heritage Lifecare training programme, and this is implemented in the service. The training is geared to assist staff to understand the key elements of service provision for Pacific peoples and providing equity in care services.</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 interviewed at Princes Court demonstrated a clear understanding of the requirements and principles of the Code and were observed supporting residents in a manner consistent with their and their whānau's expressed wishes, preferences, and rights. Staff were able to describe how the Code is applied in everyday practice, including respect, informed choice, dignity, effective communication, and the recognition of Māori mana motuhake in care and decision-making. Education on the Code and its principles is provided to all staff during orientation, with opportunities for discussion and clarification to support consistent application in practice.</p> <p>Residents and whānau, including those who hold an enduring power of attorney (EPOA) for their relative, confirmed during interview that they had been made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and reported being provided with appropriate opportunities to discuss and clarify their rights. Ongoing opportunities to discuss the Code and related matters are provided through EPOA/whānau meetings, where time is allocated for questions, feedback, and discussion. An independent advocate visits the facility three-monthly to meet with residents and whānau and reports concerns back to the CHM.</p> <p>Advocacy brochures were readily available in the reception area, alongside clear information about the Code in both te reo Māori and English, ensuring accessibility, cultural responsiveness, and respect for</p>

		Māori rights and values.
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Princes Court supports residents in a manner that is inclusive, culturally safe, and respectful of their identity, lived experiences, and personal preferences. Residents and EPOA/whānau, including tāngata whaikaha (people with disabilities), confirmed that services were delivered in a way that had regard for their dignity, gender, privacy, confidentiality, sexual orientation, spirituality, values, beliefs, culture, religion, relationship status, and preferred level of interdependence. Residents reported that they were consulted about what is important to them and were provided with opportunities to share this information, which was then reflected in their care and support.</p> <p>Throughout the audit, staff were consistently observed to uphold residents' privacy and dignity in everyday practice. All residents had a private room, and staff were observed routinely knocking on doors, seeking permission before entry, and communicating respectfully to maintain personal dignity and autonomy.</p> <p>Te reo Māori and tikanga Māori are promoted through bilingual signage, use of te reo Māori language in the activities programme, and education of staff. Staff described undertaking training in Te Tiriti o Waitangi and tikanga Māori during orientation and were able to discuss how this was reflected in their day-to-day interactions and service delivery.</p> <p>The needs of tāngata whaikaha are appropriately identified and responded to, including enabling and supporting their participation in te ao Māori. Staff were observed speaking to residents in a respectful, supportive, and mana-enhancing manner, and residents and EPOA/whānau interviewed reported feeling respected, listened to, and valued in their daily lives.</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</p>	FA	<p>Staff interviewed at Princes Court demonstrated a clear understanding of the service's policies and procedures relating to abuse and neglect, including the identification of potential signs, required actions, and reporting pathways. Staff confirmed they had received education on</p>

<p>services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>abuse and neglect and reported feeling confident and supported to raise and report any concerns. There were no examples of discrimination, coercion, harassment, abuse, or neglect identified during the audit through staff interviews, resident and whānau interviews, or documentation reviewed.</p> <p>EPOA and whānau interviewed reported that they felt their relatives were well cared for, supported, and safe within their environment at Princes Court. Residents' personal property was clearly labelled on admission, and residents and EPOA/whānau confirmed that belongings were treated with respect and safeguarded. Residents' finances are protected, with appropriate safeguarding systems in place.</p> <p>Professional boundaries were consistently maintained by staff, who demonstrated an understanding of behaviours and practices that protect resident wellbeing and avoid any actions that could negatively impact residents. Staff interviewed felt safe and supported to raise concerns relating to institutional and systemic racism and were confident that any issues raised would be taken seriously and acted upon by management.</p> <p>A strengths-based and holistic model of care was evident throughout the service, with the integration of Te Whare Tapa Whā to support wellbeing outcomes for Māori, recognising the physical, mental, spiritual, and whānau dimensions of health in everyday care and support.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and EPOA/whānau reported that communication at Princes Court was open, respectful, and effective, and that they felt listened to. All residents interviewed stated that information was provided to them in an easy-to-understand format, that staff communicated clearly, and that they felt heard when raising questions or concerns. Residents confirmed they have regular opportunities to express their views and provide feedback through resident meetings, and reported that staff were approachable, kind, and responsive to their concerns.</p> <p>Residents with a disability, including a younger person with a physical disability, confirmed that communication met their needs.</p>

		<p>Changes to residents' health status were communicated to whānau in a timely manner, and whānau confirmed they were kept appropriately informed. Whānau and EPOA also have opportunities to attend case conferences to discuss care and receive updates regarding care and service delivery. Where other agencies were involved in care, effective communication was evident, including with nurses or general practitioners, and relevant allied health professionals.</p> <p>Examples of open and transparent communication were evident following adverse events and during the management of any complaints, demonstrating a commitment to partnership and accountability.</p> <p>Staff demonstrated knowledge of how to access interpreter services when required, to support effective communication and informed participation.</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 and/or their legal representatives were provided with the information necessary to make informed decisions about care and support, in a manner that was clear, accessible, and culturally appropriate. Those interviewed, including residents, EPOA and whānau, felt empowered to actively participate in decision-making about care, and that their views and preferences were respected. Whānau and EPOA were included in decision-making and were enabled to do so through access to quality information, advice, and relevant resources.</p> <p>All residents at Princes Court had an enduring power of attorney (EPOA), or a welfare guardian was appropriately appointed in accordance with the law, and all relevant legal documentation was available, current, and accessible within the resident's record. Residents were still supported to be involved in decisions wherever possible, even when a legal representative was acting on their behalf.</p> <p>Nursing and care staff interviewed demonstrated a clear understanding of the principles and practice of informed consent, supported by organisational policies aligned with the Code and appropriate tikanga guidelines. Verbal consent was observed to be obtained for day-to-day</p>

		<p>cares.</p> <p>Residents were supported in their right to supported decision-making and to make informed choices in accordance with the Code. Advance care planning was appropriately recorded in residents' files where relevant. Shared goals of care discussions were undertaken with residents and EPOA/whānau and documented in the resident record where applicable.</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>	FA	<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. Whānau and EPOA understood their right to make a complaint and knew how to do so. Complaint forms and a box were at reception.</p> <p>The CHM advised that there is a process in place to manage complaints, including those from Māori. No complainant to date has identified as Māori; however, the CHM stated that the service would consider the use of a hui, appropriate tikanga, and/or te reo Māori as applicable. Complaints forms are available in English and te reo Māori.</p> <p>Two formal complaints and 15 compliments were received in the last year. A register of minor concerns is also maintained and showed nine issues that were documented and addressed promptly. Examples included loss of clothing and call bells not being answered promptly.</p> <p>All complaints had documentation evidencing that the complainant had been informed of the outcome and advised of their options should they not be satisfied, including the right to escalate the complaint to the Office of the Health and Disability Commissioner.</p> <p>There had been no complaints received from external sources since the previous audit. Any external source issues are escalated to the regional clinical and quality manager and the national clinical and quality manager and board if required.</p>
Subsection 2.1: Governance	FA	The Heritage Lifecare governing body assumes accountability for delivering a high-quality service through supporting meaningful

<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>inclusion of Māori and Pacific peoples in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pacific peoples, and tāngata whaikaha. Heritage Lifecare has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. The CHM was employed last year, and although this is their first position in healthcare, they have held senior management positions in other organisations and are supported by an experienced CNM and regional managers.</p> <p>Information garnered from these sources translates into policy and procedure. Equity for Māori, Pacific peoples, and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information, including information in other languages such as the Code, and complaints. Heritage Lifecare also utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery are surmounted.</p> <p>Heritage Lifecare has a five-year strategic plan in place that outlines the organisation’s structure, purpose, values, scope, direction, performance, and goals. The plan incorporates the Ngā Paerewa Standard in relation to antimicrobial stewardship (AMS) and restraint elimination across ethnicity. Ethnicity data is collected to support equitable service delivery.</p> <p>The Heritage Lifecare reporting structure relies on information from its strategic plan to inform facility-based business plans. Each facility has its own five-year business plan for its specific services, based on an organisational template. The plan outlines the organisational structure, strengths, competitive environment, strategic goals, and planned capital expenditure (CAPEX) over the five-year period.</p> <p>Governance and the senior leadership team commit to quality and risk via policy and processes, and through feedback mechanisms. This includes receiving regular information from each of its care facilities. Internal data collection, including adverse events, clinical indicators such as falls and pressure injuries, infections, audits, and complaints, is aggregated, and corrective action is taken at facility and organisational levels as applicable. Feedback is provided through regional managers to the clinical and quality manager and then to the board. The clinical</p>
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		<p>governance group provides clinical oversight and supports the clinical service manager at each facility. Changes are made to business and/or the strategic plans as required.</p> <p>Position descriptions are in place for all positions, including senior positions. These specify the requirements for the position and key performance indicators (KPIs) to assess performance. Heritage Lifecare uses an interview panel for senior managers. Recruiting and retaining people is a focus for Heritage Lifecare; the organisation looks for the 'right people in the right place' and aims to keep them in place for a longer period to promote stability. It also uses feedback from cultural advisers, including the Māori Network Komiti, to inform workforce planning, sensitive and appropriate collection and use of ethnicity data, and how it can support its ethnically diverse staff.</p> <p>Heritage Lifecare supports people to participate locally through resident/whānau meetings, which include the use of an independent advocate, and through satisfaction surveys. The last survey, completed in 2025, showed a high degree of satisfaction with the service. There is also a staff satisfaction survey for a wider view of how residents and staff are being supported. Results of both are used to improve services.</p> <p>Directors of Heritage Lifecare have undertaken the e-learning education on Te Tiriti, health equity, and cultural safety provided by Manatū Hauora.</p> <p>Princes Court holds contracts with Te Whatu Ora to provide residential rest home dementia services, long-term support – chronic health conditions (LTS-CHC), and respite care services under the age-related residential care agreement (ARRC) for up to 35 residents. On the day of the audit, there were 25 residents: one receiving services under the LTS-CHC contract, one receiving respite care, and the remaining residents receiving permanent care. All had been assessed as requiring rest home dementia-level care.</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</p>	<p>PA Low</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards, as well as the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds,</p>

<p>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>and medication errors, complaints, audit activities, and policies and procedures. Quality improvement projects are undertaken to improve the service as required, and examples of toolbox talks occurring were sighted. An initiative called 'garden to table' was implemented to improve resident wellbeing; refer criterion 3.3.1.</p> <p>Progress against quality outcomes is evaluated. Quality data is communicated and discussed with staff, and this was confirmed by staff at interview and review of minutes of meetings. Trends are graphed and displayed on notice boards in the staff area.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements, and were current.</p> <p>There is a calendar of quality activities that includes audits. A review of meeting minutes and audit activity sheets showed that overall, there is a high level of compliance; however, where non-compliance was identified, the details of actions taken and the final outcomes were not consistently documented (refer criterion 2.2.2).</p> <p>The CHM and CSM understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. A Māori health plan guides care for Māori. Staff have received education in relation to care of Māori, Pacific peoples, and tāngata whaikaha.</p> <p>Residents, whānau, EPOA and staff contribute to quality improvement through the ability to give feedback at meetings and in surveys. Residents and whānau have quarterly meetings, and three-monthly meetings facilitated by an independent advocate. The CHM receives the minutes of these meetings and undertakes any corrective actions. Resident and whānau satisfaction surveys showed a high level of satisfaction with the services provided. There was a 35% return rate on the last survey and the comments were highly complementary of the service. Interviews with residents and whānau reported a very high level of satisfaction.</p> <p>Staff document any incidents or near-miss events in line with the National Adverse Events Reporting Policy. Staff complete a hard copy form, which is transferred to the electronic system. A sample of</p>
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		<p>incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and any corrective actions followed up in a timely manner. The CSM completes an electronic report for resident incidents, which transfers to the KPI matrix, as well as a monthly report outlining all resident incidents and concerns. There is an escalation process for events rated as Severity Assessment Code (SAC) 1–2 to regional managers and, where appropriate, to the national clinical and quality manager and the board. An example of a recent blood and body fluid exposure incident was reviewed.</p> <p>The CHM, CSM, and regional managers understood and have complied with essential notification reporting requirements. There have been four Section 31 notifications completed in the last 13 months. These related to the change of facility manager, change of clinical manager, a physically aggressive resident, and a gastroenteritis outbreak.</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>	<p>PA Low</p>	<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 service is managed by the CHM, who works between two Heritage Lifecare facilities with days spent at each facility, two or three days, depending on need. There have been three RNs in the role of CSM in the last year. The present CSM commenced two weeks prior to the audit, having fulfilled the CSM role at another Heritage Lifecare facility, and was being orientated by the previous Princes Court CSM who works at another Heritage Lifecare facility in Ashburton. Both the CHM and the CSM, who is further supported by an experienced RN, work Monday to Friday. The CHM provides on-call support, and clinical support is available 24/7 from a RN at the nearby Heritage Lifecare facility. This clinical support is available by phone or video call to support care staff when there is no RN on site at Princes Court. Staff described help always being available.</p> <p>The facility operates across two dementia units with a total of 35 beds. Occupancy records show reduced resident numbers for some time, with an average of 20 residents and currently 25 residents for several months. A staffing matrix is used to calculate required staffing levels</p>

		<p>based on resident numbers, and staffing levels have been adjusted in response to changes in occupancy. Residents and whānau interviewed did not report any concerns regarding staffing; however, care staff reported that there were insufficient staff to complete the allocated workload. A sample of rosters was reviewed to reflect both reduced and current occupancy levels. The review identified that the rosters did not meet the requirements of the age-related residential care agreement (ARRC) when resident numbers exceeded 20 across the two dementia units (refer criterion 2.3.1).</p> <p>Continuing education is planned on an annual basis and includes mandatory training and competency requirements. Related competencies are assessed and support equitable service delivery. Care staff have access to a New Zealand Qualifications Authority education programme to meet the requirements of the provider's agreements with Te Whatu Ora. The CHM provided data showing that eight caregivers had achieved Level 4 or Level 3 qualifications, and three had achieved Level 2, with new caregivers commencing their training. Caregivers have all undertaken training related to caring for dementia residents. Caregivers interviewed stated that they valued the training and learning opportunities provided.</p> <p>Staff wellbeing policies and processes are in place and staff reported feeling well supported and safe in the workplace. Staff have access to independent counselling services. The CHM provided evidence of toolbox talks occurring to support staff wellbeing, covering subjects such as depression, gambling, and alcohol.</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 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</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development. There are position descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio.</p> <p>A sample of seven staff records were reviewed: one RN, the new CSM,</p>

<p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>four caregivers, one laundry worker. Implementation was evidenced of the recruitment process, employment contracts, reference checking, police vetting, and completed induction and orientation. Staff performance is reviewed at six weeks, three months, and annually; this was confirmed through documentation sighted and interviews with staff.</p> <p>Qualifications are validated prior to employment. A register of annual practising certificates (APCs) is maintained for RNs, and associated health contractors, general practitioners (GP), the nurse practitioner (NP), a physiotherapist, a podiatrist, the pharmacists, and the national dietitian.</p> <p>Ethnicity data is recorded and used in line with health information standards. Staff information is secure and accessible only to those authorised to use it.</p> <p>Debrief for staff is outlined in policy; staff and the CSM confirmed that the opportunity for debrief and support is available to them.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>The service maintains quality records that comply with relevant legislation, health information standards, and professional guidelines. Most information is held electronically, and password protected. Any paper-based records are held securely and are available only to authorised users.</p> <p>Residents' files are integrated electronic and hard-copy files. Files for residents and staff are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible, and met current documentation standards. Consents were sighted for data collection. Data collected includes ethnicity data.</p> <p>Princes Court is not responsible for National Health Index registration of people receiving services.</p>

<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents are welcomed into Princes Court when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. All residents admitted had a specialist’s authorisation for placement and were admitted with the consent of their EPOA.</p> <p>Residents and whānau/EPOA interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Enquiries are documented and, where a prospective resident is declined entry, there are processes for communicating the decision, although this rarely occurs. Related data is documented and analysed, including data for Māori.</p> <p>The service has developed partnerships with local Māori communities and organisations, including Hakatere Marae, and supports Māori and their whānau when entering the service. There were currently no residents who had requested the services of a Māori health practitioner or traditional Māori healer.</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>The multidisciplinary team works in partnership with the resident and EPOA/whānau to support wellbeing and optimise quality of life. Five resident files were reviewed, four rest home dementia care and one resident under a long-term support for a chronic health condition contract who had been assessed as requiring dementia-level care. Five further files were reviewed to confirm the timing of interRAI assessments, care planning and behavioural support plans. The files included residents who identified as Māori, residents with wounds, residents with compromised mobility requiring physiotherapy input, residents recently transferred to an acute facility, and residents with several co-morbidities.</p> <p>The files verified that a care plan, based on the provider’s model of care, was developed by a registered nurse following a comprehensive assessment, including consideration of the person’s lived experience, cultural needs, values, beliefs and preferences, and which considered wider service integration, where required. Care planning for a Māori</p>

	<p>resident demonstrated culturally sensitive interventions, goals, aspirations, activities, and evaluation. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>Assessments were based on a comprehensive range of clinical assessments and included resident and EPOA/whānau input as applicable. Timeframes for the initial assessment, medical practitioner assessment, initial care plan, long-term care plan, and scheduled review timeframes met contractual and policy requirements. Historic deficits and delays in interRAI assessments were noted. However, a corrective action process had been followed and all interRAI assessments were up to date, and recent admissions all had an interRAI assessment and long-term care plan completed within the required timeframe. This was being monitored closely by the CSM. All care plans reviewed were well written and personalised, and contained clear goals, interventions, and evaluations. Behavioural management planning and monitoring was evident in files reviewed. Staff demonstrated understanding of how to support Māori and whānau to identify their own pae ora outcomes within the care planning process. This was verified through sampling of resident records and interviews with clinical staff, residents, and whānau.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Excellent progress notes from the RN detailed when a resident's needs changed and the actions taken, including referral to the general practitioner and acute services. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and EPOA. Where residents had input from outside specialist services such as a dietitian, speech language therapist, and physiotherapist this input was included in care planning. Residents and EPOA confirmed active involvement in the process.</p> <p>Tāngata whaikaha participate in service development through assessments including 'About Me', 'Pastoral Care' and 'Life History'. Examples of choices and control over service delivery were discussed with staff, tāngata whaikaha, and EPOA/whānau. Tāngata whaikaha and whānau can independently access information.</p>
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		A general practitioner was interviewed and stated that nurses had the required skills and knowledge, and they were happy with the standard of care.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities programme is provided by a diversional therapist employed five days a week, Monday to Friday, and support by an activities coordinator on two days. The programme is further supported by caregivers when the activities team are not present at the weekends and evenings, although caregivers reported they do not always have the time required to support activities; refer criterion 2.3.1. Volunteers are available to assist and work alongside the diversional therapist.</p> <p>The programme is planned over seven days and supports residents to maintain and develop their interests and was suitable for their age and stage of life. Personal profiles identify individual interests and consider the person's identity. A diversional therapy plan is developed for all residents and included consideration of their usual pattern of life over a 24-hour period.</p> <p>Individual and group activities reflected residents' goals and interest, and ordinary patterns of life, and included normal community activities. A variety of activities were observed during the audit.</p> <p>Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Community initiatives meet the needs of Māori.</p> <p>Feedback on the programme is provided through resident meetings and surveys. EPOAs interviewed confirmed the programme is varied and were particularly appreciative of the gardens at Princes Court. A 'Garden to Table' initiative aimed to meaningfully engage the residents who are mostly from a rural or farming background in daily life in a purposeful way that supports their identity, wellbeing, and connection. This initiative has provided benefit to residents and a rating of continuous improvement is given under criterion 3.3.1.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe</p>	FA	The medication management policy was up to date and aligned with the Medicines Care Guide for Residential Aged Care and current best

<p>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.</p>		<p>practice. A safe system for medicine management, utilising an electronic medication management system, was observed on the day of audit. All staff who administer medicines were appropriately trained, assessed as competent, and authorised to perform this function.</p> <p>Medication reconciliation processes were evident and consistently applied. All medicines sighted during the audit were within current use-by dates.</p> <p>Medicines, including controlled drugs, were stored securely in accordance with regulatory and policy requirements. Required stock checks had been completed as scheduled, and medicines were stored within the recommended temperature range, with monitoring records available.</p> <p>Prescribing practices met requirements. Medicine-related allergies or sensitivities were clearly documented, and any adverse events were responded to appropriately and in a timely manner. Over-the-counter medications and supplements were considered and documented by the prescriber as part of each resident's overall medication regimen. The required three-monthly medical or nurse practitioner medication review was consistently recorded on the medicine chart. Standing orders are not used at Princes Court.</p> <p>Residents in the Princes Court secure dementia units do not self-administer medications and this practice is not supported by policy. This was confirmed by the CSM and RN.</p> <p>Residents, including Māori residents, and EPOA are supported to understand their medications, with education provided by clinical staff as required.</p>
<p>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</p>	<p>FA</p>	<p>The food service was aligned with recognised nutritional guidelines for people receiving aged residential care. The menu had been reviewed by a qualified dietitian within the last two years, and documentation confirmed that recommendations from this review had been implemented.</p> <p>All aspects of food management complied with current legislation and best-practice guidelines. The service operates under an approved food</p>

<p>needs are met to promote and maintain their health and wellbeing.</p>		<p>safety plan and registration with an expiry date of 2 March 2026, with evidence of ongoing monitoring and compliance.</p> <p>Each resident received a comprehensive nutritional assessment on admission. Personal food preferences, special dietary requirements, intolerances or allergies and modified texture needs were identified and accommodated within the daily meal plan. Māori residents and their whānau have access to menu options that reflect te ao Māori, and individual cultural food preferences can be catered for as required.</p> <p>Residents and their whānau had opportunities to be involved in the preparation of food where appropriate to the service as part of the activities programme. This included growing vegetables as part of the Garden to Table initiative.</p> <p>Snacks including sandwiches, fruit, biscuits, and drinks are available 24/7.</p> <p>Evidence of resident and EPOA satisfaction with meals was verified through resident and EPOA/whānau interviews, satisfaction survey results, and residents' and whānau meeting minutes. Residents interviewed stated that the food was good. Whānau members also confirmed satisfaction. Residents were observed to be given sufficient time to eat their meals in an unhurried manner, and those requiring assistance received this support respectfully and with dignity.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service 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 Princes Court was planned and managed safely, with clear coordination between services and in collaboration with the resident and their EPOA. Risks and current support needs were identified, documented, and actively managed throughout the process. Where appropriate, options to access other health and disability services, as well as relevant social and cultural supports, were discussed with residents and whānau to support informed decision-making and continuity of care.</p> <p>EPOA interviewed reported that they were kept well informed during the transfer of their relative. Documentation reviewed demonstrated comprehensive assessment and planning for district hospital transfers, and a clearly defined process was in place to support effective</p>

		communication, clinical handover, and safe transitions between services.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems were in place to ensure the residents' physical environment and facilities (internal and external) were fit for their purpose, maintained, and that they meet legislative requirements. Princes Court is an older building, and a steady process is in place to maintain the internal residents' spaces, which is to continue in the five-year business plan. A planned maintenance schedule included electrical testing and tagging, resident equipment checks, and checking and calibration of clinical equipment. Monthly hot water tests were completed for resident areas and service areas; these were sighted and were all within normal limits.</p> <p>The building has a building warrant of fitness that expires on 1 May 2026. There were currently no plans for further building projects requiring consultation, but Heritage Lifecare directors were aware of the requirement to consult with Māori if this was envisaged.</p> <p>The environment was comfortable and accessible and appropriate for the resident group. Corridors have handrails promoting independence and safe mobility. Spaces are culturally inclusive and suited the needs of the resident groups. Lounge and dining facilities meet the needs of residents, and these are also used for activities. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and common areas have appropriately situated call bells. There are external areas that allow residents to walk around in an independent but safe and controlled way, with locked gates to ensure safety. Raised gardens provide activities, which were observed to be enjoyed by many residents. There is a hoist available if required.</p> <p>Rooms are personalised according to the resident's preference. All rooms have a window allowing for natural light, with safety catches for security. A mix of electric heating is provided in the facility, which can be adjusted depending on seasonality and outside temperature.</p> <p>Residents and EPOA/whānau interviewed were happy with the environment, including heating and ventilation, privacy, and</p>

		<p>maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. Staff have been trained and knew what to do in an emergency. The CSM and RN as well as other staff including the diversional therapist, caregivers (13), and maintenance staff have current first aid certification. There is a first aid certified staff member on duty 24/7. Information on emergency and security arrangements is provided to residents and whānau on entry to the service. All staff were noted to be wearing uniforms and name badges during the audit.</p> <p>The fire evacuation plan was approved by the New Zealand Fire Service in April 2011 and the requirements of this are reflected in the Fire and Emergency Management Scheme. A fire evacuation drill is held six-monthly; the most recent drill was held this month. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. Alternative essential energy and utility resources are available, should the main supplies fail.</p> <p>Call bells alert staff to residents requiring assistance. Whānau reported staff respond promptly to call bells. Appropriate security arrangements are in place.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>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</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes 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 being reviewed and reported on yearly.</p> <p>Heritage Lifecare has IP and AMS outlined in its policy documents. This is being supported at governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately handled at facility level and to support facilities as required.</p>

<p>respond to relevant issues of national and regional concern.</p>		<p>Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and significant events to the governing body. Clinical specialists can access IP and AMS expertise through Te Whatu Ora. Infection prevention and AMS information is discussed at facility level, and at clinical governance meetings, and is reported to the board at board meetings. Infection prevention and control information presented to the board includes ethnicity data.</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>	<p>FA</p>	<p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. There is an infection prevention and antimicrobial stewardship programme in place that has been developed by those with IP expertise, is linked to the quality improvement programme, and has been approved by the Heritage Lifecare governing body. Annual review of the programme last occurred in December 2025 and reporting to governance had occurred.</p> <p>The infection prevention and control coordinator (IPCC) is a registered nurse and is responsible for overseeing and implementing the IP programme with reporting lines to the CSM and CHM and to the Heritage Lifecare regional clinical quality manager and the national IP lead. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice, and/or the advice of the Heritage Lifecare national IP lead, has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Cultural advice is accessed where appropriate through the Komiti Māori and staff.</p> <p>Residents and their EPOA/whānau are educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal</p>

		<p>protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for the decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single-use medical devices are not reused.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use. 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.</p>	FA	<p>Responsible use of antimicrobials was actively promoted at Princes Court. The antimicrobial stewardship (AMS) programme was appropriate for the size and complexity of the service and was supported by current policies and procedures. The effectiveness of the AMS programme was evaluated through regular monitoring of antimicrobial use, with identification of trends and opportunities for improvement.</p> <p>The IPCC and the resident general practitioner were interviewed during the audit and both confirmed that they work collaboratively to minimise unnecessary antibiotic use in older persons. They described a shared approach whereby antibiotics were generally prescribed only when a culture had been sent to the laboratory and/or the resident was clearly symptomatic, in line with best-practice AMS principles.</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. 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.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the aged care services offered and is in line with risks and priorities defined in the infection prevention programme.</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities were described within the IP framework and aligned with standardised surveillance definitions. Surveillance processes include the routine capture of resident ethnicity data. Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme are shared with staff and reported to the national IP lead and Heritage Lifecare governing body.</p> <p>Communication between service providers and those residents</p>

		<p>experiencing a health care-associated infection (HAI) is culturally safe.</p> <p>A summary report for a recent infection outbreak was reviewed and demonstrated a thorough process of investigation and follow-up. Learnings from the event have now been incorporated into practice.</p>
<p><b>Subsection 5.5: Environment</b></p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	FA	<p>A clean, hygienic, and well-maintained environment supported the prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. The facility presented was clean, tidy, and homely throughout the audit, and created a comfortable and welcoming living environment for residents.</p> <p>Staff consistently followed documented policies and processes for cleaning, laundry, and the management of waste and infectious and hazardous substances.</p> <p>The laundry facility, while small, is functional, with clearly defined clean and dirty zones. Staff demonstrated an understanding of correct laundry techniques, including the safe handling, segregation, and processing of soiled and infectious linen, as well as cultural requirements relating to laundry practices.</p> <p>Chemicals were stored safely and in line with policy. Hazardous substances were securely stored and locked away in accordance with safety requirements.</p> <p>Laundry and cleaning processes were regularly monitored for effectiveness, with recent audits completed on cleaning, laundry, and kitchen practices. The IPCC had oversight of the environmental testing and monitoring programme. Staff involved in cleaning and laundry duties had completed relevant training and were observed to carry out their roles safely and appropriately.</p> <p>Residents and whānau reported that the laundry was managed well and that the facility was kept clean and tidy. These observations were confirmed by the audit team during site inspection.</p>
<p><b>Subsection 6.1: A process of restraint</b></p>	FA	<p>Maintaining a restraint-free environment is the aim of Heritage Lifecare</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>for all its services. The governance group demonstrates commitment to this through documented policy and regular reporting requirements. The regional managers and national clinical quality manager monitor any use of restraint across the organisation.</p> <p>Princes Court is a restraint-free environment and no one spoken to could remember restraint being used. At the time of audit, there was no restraint being used.</p> <p>The CSM reports to the senior leadership group each month on the activities taken to ensure a restraint-free environment is maintained. The reporting includes staff training, incident reports, and health and safety issues for health care and support staff. The two regional managers confirmed that this monthly reporting assists the executive management team to closely monitor the move towards a restraint-free environment for the entire Heritage Lifecare group.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>There is an annual audit calendar, developed at Heritage Lifecare, which details internal audit requirements. The results of completed audits are documented in the quality meeting minutes as a percentage of compliance. There were audits that had several areas that were non-compliant, with results ranging from 55% to 97% compliance, from the audit records of September to December 2025.</p> <p>Where an audit result is lower than 85%, the documented Heritage Lifecare process is to investigate, document corrective actions, and undertake a re-audit. This was observed for one audit with a result of 55% compliance (challenging behaviour).</p> <p>However, there were 16 examples of</p>	<p>Audits are occurring and percentage compliance is being documented; however, where non-compliance is identified, documentation does not consistently demonstrate that corrective actions have been undertaken and formally closed.</p>	<p>When audit activities identify areas for improvement, the actions taken and their closure are to be documented.</p> <p>180 days</p>

		audits scoring over 85% compliance where areas of non-compliance were identified and actions were documented as required to address the deficits. No documented evidence was sighted to confirm what actions had been taken or whether these actions had been formally closed. Examples included wound care and pressure injury prevention (87%), laundry (91%), cleaning services (85.7%), activities (92.5%), and care plans (86.7%).		
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>Heritage Lifecare has moved to a new electronic rostering system that covers six weeks. The staff levels are based on a standardised matrix tool based on the type of care residents require. This considers Princes Court having dementia-level residents.</p> <p>In recent months, the facility has had reduced occupancy of 20 residents, which is reflected in staffing levels. However, the facility operates two dementia units and currently houses 25 residents across the two units. It is noted that the maximum size permitted for a dementia unit under the age-related residential care agreement (ARRC) is 20 beds unless a written variation is in place. No variation was sighted for Princes Court. The staffing matrix has increased staffing levels slightly; however, this does not align with ARRC requirements for two units. The requirement for one 20-bed unit is always one staff member on duty and</p>	<p>There is a six-week roster system that utilises a staffing matrix to meet the Safe Staffing Guidelines. However, the contractual requirements for operating two units have not always been met. When occupancy was 20 residents and one unit was in use, these requirements were met. However, when resident numbers exceeded 20 and both units were operating, there were examples where these requirements were not met.</p> <p>Caregivers do not always have sufficient time to provide activities when a member of the activities team is not on duty.</p>	<p>The facility meet the ARRC contract requirement to allow staff to have sufficient time to carry out their work and support the activities programme when the diversional therapy team are not on site.</p> <p>180 days</p>

		<p>another staff member available within the facility. With 25 residents across two units, this means that a minimum of three staff should be on duty at any one time (one in each unit and one available within the facility). This requirement was met on most duties reviewed in the rosters. However, night duty consists of only two staff, and on occasion a caregiver works a shorter shift, resulting in only two care staff being on site during parts of the evening.</p> <p>Caregivers interviewed stated that staffing levels had been reduced and had not been increased in line with the rise in resident numbers, limiting their ability to complete allocated duties. They reported feeling rushed when preparing residents for breakfast and providing care, and indicated that meal breaks were either shortened or not taken. In addition, the ARRC contract requires the provision of activity support seven days per week. The activities team relies on caregivers to facilitate activities in the evenings, overnight, and at weekends. However, caregivers reported that they have not consistently been able to provide this support due to workload demands.</p>		
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people’s strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	CI	<p>During the admission process, the team identified that many residents came from rural farming backgrounds, and many had grown their own vegetables. The diversional therapist identified there were raised flower beds, lawns and shrubbery beds in the gardens of Princes Court, there was plenty of outdoor space to be used; however, none of the spaces were dedicated to vegetable or fruit growing areas. The activities team shared a love of gardening and their experience growing vegetables to establish a garden club and introduced the ‘Garden to Table’ initiative as a regular part of the activities plans. The aim was to meaningfully engage residents in daily life in a purposeful way that supported their rural/farming identity, wellbeing, and connection. This occurred through increasing social engagement and reducing isolation, offering familiar sensory engagement and using familiar motor skills.</p>	<p>The Garden to Table initiative aimed to meaningfully engage residents in daily life in a purposeful way that supported their rural/farming identity, wellbeing, and connection. This occurred through increasing social engagement and reducing isolation, offering familiar sensory engagement when working in the garden and using familiar motor skills. Fruit and vegetables are planted, grown and harvested by residents and then used in the daily menu or donated to the community. The initiative has resulted in reduced behavioural incidents and increased social engagement of residents.</p>

		<p>Planning occurred to ensure all residents could participate and activities were tailored to the abilities of residents. These included sowing seeds in individual seed raising beds at the table for less mobile residents, preparing the raised vegetable plots, planting seedlings, and watering and harvesting produce by the more able residents. Produce harvested was then used by the kitchen team as part of the daily menu. The activities became part of the normal routine of the facility, with volunteers and whānau assisting. Recent harvesting of the potato crop and lemons from the tree occurred in February 2026; evidence of this was sighted and of the food being used in the kitchen.</p> <p>Evaluation has occurred through monitoring of resident engagement and behaviour and through feedback from staff and whānau. The results have shown that for residents less confident in joining group activities indoors, the garden has been a bridge to engagement and connection. Residents who had previously avoided social activity began participating and stepped forward helping others. Staff described residents continuing conversations that had begun in the garden into the dining room, with behaviour being more settled. Their confidence, communication, and sense of belonging were seen to improve.</p> <p>Monitoring of behavioural incidents has confirmed a reduction in challenging behaviour incidents, which have dropped from 27 incidents in 2024 to 14 incidents in 2025. This reduction is in line with staff observation of more settled behaviour. It was noted that the only increase in behavioural incidents occurred in mid-winter when residents were unable to spend as much time in the garden.</p> <p>When interviewed during this audit, whānau stated that the garden was a deciding factor in choosing Princes Court, knowing it offers purposeful activity,</p>	
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		<p>connection, and familiar routines that help loved ones settle quickly. Feedback received from families when an activities survey was completed in 2025 showed whānau commenting positively on the initiative and confirming they thought the initiative was beneficial for their relative; examples were given of residents wanting to show them their garden, enjoying spending time outside, and comments from whānau saying their relative was always happiest pottering in the garden and this brings back memories. Whānau also commented on how good it was to see their relative engaging with others in the garden.</p> <p>This initiative was awarded a Sustainability Prize at the Aged Care Association Awards. The activities associated with this initiative exceed those required for full attainment of the criterion; therefore, a rating of continuous improvement is awarded.</p>	
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End of the report.