

Glenbrae Resthome and Hospital Limited - Glenbrae Resthome and Hospital

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:	Glenbrae Resthome and Hospital Limited
Premises audited:	Glenbrae Resthome and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 11 February 2026 End date: 12 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:	50



Executive summary of the audit




Introduction

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

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

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service 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

Glenbrae Rest Home and Hospital is part of the Arvida Group and is certified to provide hospital services (medical and geriatric), and rest home levels of care for up to 71 residents. This includes 41 dual purpose beds in the care centre and 30 serviced apartments certified for rest home level of care located in the same building. On the day of audit there were 50 residents in total.

This certification audit was conducted against Ngā Paerewa Health and Disability Standard 2021 and contracts with Health New Zealand. The audit process included a review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau, staff, nurse practitioner, management and the head of Arvida clinical quality who provided support for the audit process.

There have been no changes to management since last audit. The experienced village manager is supported by a clinical manager, a clinical coordinator, registered nurses, wellness partners (caregivers) and a team of experienced staff. There are various groups in the Arvida support office who provide oversight to village managers. There are quality systems and processes being implemented.

Feedback from residents and family/whānau was highly complementary about the care and services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This audit identified no shortfalls.

The service has been awarded a continuous improvement related to the resident’s activity programme.

Ō tātou motika | Our rights

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

A Māori health plan is documented for the service. Te Tiriti o Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana Motuhake, and this is reflected in the Māori health plan and business plan. A Pacific health plan is also in place which ensures cultural safety for Pacific peoples embracing their world views, cultural and spiritual beliefs.

Staff demonstrated their knowledge and understanding of resident's rights and ensure that residents are well informed in respect of these. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent and to protect residents’ property and finances.

Details relating to the Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers Rights (the Code) are included in the information packs given to new or potential residents and family/whānau. The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service in accordance with the Code and complainants are kept fully informed. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

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.
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The business plan includes a mission statement and operational objectives. The service has quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and staff. They are focussed on improving service delivery and care.

A robust health and safety programme is implemented, and hazards are reviewed on a regular basis. Performance is monitored and reviewed at planned intervals via the quality and risk programme and through meetings. Residents and family/whānau are given the opportunity to provide regular feedback. An integrated approach includes collection and analysis of quality improvement data, identifying trends which can lead to improvements. Adverse events are documented, with corrective actions addressed.

Recruitment processes include an interview, police checks, referee checks, and induction. Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, inducted, and managed using current good practice. A systematic approach to identifying and delivering ongoing learning and development supports safe equitable service delivery. Competencies are maintained.

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

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 are fully attained.
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Entry into the service is managed in an equitable, safe and timely manner. Registered nurses are responsible for assessment, care planning and evaluation of care. Residents and family/whānau interviewed expressed they are involved at all stages of service delivery. A general or nurse practitioner visits the facility twice weekly to complete medical assessments and medication reviews. Residents have their needs met in a manner that respects their cultural values and beliefs.

Activities are overseen by a wellness lead assisted by wellness partners. The formal activities programme is provided seven days per week. The activities programme includes a bicycle upcycling programme that has fostered close links with the community and enhanced the wellbeing of residents through their ongoing interaction with school children. Residents have choices of activities that are meaningful to them.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education. All medication charts were completed correctly and evidenced allergies and sensitivities.

All meals and baking are prepared and cooked onsite. Nutritional needs and preferences of residents are identified on admission and during regular reviews. There is a current food control plan. The menu caters for cultural preferences, and the menu has been reviewed by a dietitian. Dietary needs, allergies, intolerances and preferences are catered for.

Discharge and transfer are managed safely in collaboration with residents and their family/whānau.

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 are fully attained.

There is a current building warrant of fitness. There is a preventative and reactive maintenance plan implemented. Rooms are spacious to provide personal cares. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. There is adequate space throughout the facility for residents to move around freely with mobility aids. There are sufficient toilet and bathing facilities. All communal areas and resident rooms have natural light.

Appropriate training, information, and equipment for responding to emergencies is provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency including a pandemic. There are emergency supplies for at least three days. A staff member trained in resuscitation skills and first aid is always on duty. There are appropriate security measures in place overnight.

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.

A registered nurse is responsible for infection prevention and antimicrobial stewardship for Glenbrae Rest and Hospital. Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. Relevant infection prevention education is provided to all staff as part of their orientation and ongoing in-service education programme. Infection prevention practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. The service has a robust pandemic and outbreak management plan in place. The internal audit system monitors for a safe environment. There has been one outbreak reported since the previous audit.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these 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 are fully attained.
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The clinical coordinator is the restraint coordinator. There is a restraint committee in place that oversee all aspects of restraint. Family/whānau are involved in any decisions relating to restraint. Glenbrae Rest Home and Hospital has been restraint-free for many years.

Staff receive training on the policy and procedures as part of orientation. Thereafter staff receive annual education on restraint minimisation and safe practice.

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	27	0	0	0	0	0
Criteria	1	167	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim of this plan is equitable health outcomes for Māori residents and their family/whānau with overall improved health and wellbeing. The Māori health plan has a set of actions to address barriers to Māori accessing care and employment within Arvida, which is understood by staff. At time of the audit there were residents who identified as Māori. Glenbrae Rest Home and Hospital is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and their family/whānau as was evidenced in the cultural component of care plans reviewed. At the time of audit there were staff members who identified as Māori. The village manager outlined that the service has established themselves as a recognised teaching facility welcoming students of all cultural backgrounds. Additionally, a partnership with a Bay of Plenty learning institute sees Māori students come to the facility for placement every year.</p> <p>The business plan documentation confirms the service is embedding and enacting Te Tiriti o Waitangi within the service, recognising and supporting Māori employees and residents. Arvida Group is dedicated to partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. The village manager</p>

		<p>performs another role within the organisation and is a part of the Māori advisory group. The Māori advisory group confers on and provides support for any cultural issues arising from villages. The advisory group also consults with the Clinical Governance Group on matters where policy or practice change may be required. Glenbrae Rest Home and Hospital has well established affiliations with Te Whare Wananga O Awanuiarangi Whakatane Toi Ohomai Institute of Technology, the Manurewa Stirling community Te Reo Translator, Kapa Haka group, Mokoia Association, and local marae and iwi.</p> <p>All staff have completed Treaty of Waitangi training. Fifteen staff (four registered nurses, one enrolled nurse, one administrator, six wellness partners, one maintenance supervisor, one kitchen manager, one wellness leader activities), and management (village manager, clinical manager, clinical coordinator and Arvida head of clinical quality) confirmed that all cultures were treated equally and were welcomed to the workplace.</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>A Pacific health plan is documented that focuses on upholding the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality health care. The plan addresses equity of access, reflecting the needs of Pasifika to ensure the best outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of Pasifika.</p> <p>On admission all residents state their ethnicity. There were residents identifying as Pasifika during the audit. Registered nurses interviewed explained how family/whānau are involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service, and recognition of cultural needs. Individual cultural beliefs are documented in the resident's care plan and activities plan. The village manager outlined how the service recognises and respects Pacific peoples' cultural beliefs and values. The village manager described how they continue to provide equitable employment opportunities for the Pacific community.</p>

		<p>There were staff that identified as Pasifika at the time of the audit. The service has long established links with the local Pacific community. A Pacific elder community group gather fortnightly to share food, music and stories. Regular visits to the facility ensure cultural support for residents, family/whānau and staff.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The clinical manager, clinical coordinator, and registered nurses take responsibility for ensuring all residents and their family/whānau are aware of the Code. The Code is displayed in multiple locations in English, and te reo Māori. Discussions relating to the Code are held during the resident meetings.</p> <p>Seven residents (two hospital and five rest home), and three rest home, and four hospital family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. Other formats are available online.</p> <p>There are links to spiritual support documented in the policy. The service recognises Māori mana Motuhake, and this is reflected in the Māori health plan that is in place. Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p>	<p>FA</p>	<p>Wellness partners interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice, independence was promoted, and examples were provided.</p>

<p>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.</p>		<p>The service's annual training plan demonstrates training that is responsive to the diverse needs of residents across the service. A sexuality and intimacy policy is in place. Spiritual needs are identified, church services are held and spiritual support is available. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2025 confirmed that residents and family/whānau are treated with respect. This was also confirmed during interviews with residents and family/whānau. Staff were observed to use person-centred and respectful language with residents and knocking before entering resident rooms. Residents and family/whānau were positive about the service in relation to their values and beliefs being considered and met.</p> <p>Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents' preferred names. Values and belief information is gathered on entry to the service with family/whānau input and is integrated into the residents' support plans. The Arvida Attitude of Living Well encourages a resident led culture of care that ensures each resident's values and beliefs underpin all decision-making. The holistic approach, using five pillars of wellness, requires staff to understand each resident's individual preferences, habits, and routines. The organisation is actively encouraging the use of te reo Māori promoting Manaakitanga which can be translated to mean service, hospitality, generosity, respect, kindness, and support towards others leading with aroha and considering aspects of signage that reflect the use of te reo Māori and sharing knowledge around the values underpinning tikanga principles. The audit team was welcomed by a large group of Glenbrae Rest Home and Hospital staff, and residents who sang a new waiata created specifically for the organisation.</p> <p>Te Tiriti o Waitangi, te reo Māori and tikanga Māori training is covered in the staff education and training plan. The Māori health plan acknowledges te ao Māori referencing the interconnectedness and interrelationship of all living and non-living things. Staff respond to tāngata whaikaha needs and enables their participation in te ao Māori evidenced through the Māori health plan and interviews with staff and residents.</p>
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<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Glenbrae Rest Home and Hospital policies, and the staff handbook provided on commencement of employment, guide staff to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. All staff interviewed understood the service's policy on abuse, neglect and discrimination including action to take if there are any signs. Cultural days are held to celebrate diversity. House rules are discussed with staff during their induction to the service that addresses harassment and bullying. Staff sign to acknowledge their understanding of these house rules.</p> <p>The Arvida values actively encourage an attitude to care, which include fairness, acting with integrity and authenticity, innovation, a can-do attitude and passion. These values align with Te Tiriti o Waitangi principles, equity and help challenge discrimination.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value both the older and younger resident showing them respect and dignity. All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful. Residents reported their property and finances are respected. Police checks are completed as part of the employment process.</p> <p>Professional boundaries are defined in job descriptions and maintained in day-to-day practice. All staff interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. Residents reported they are free from any type of discrimination, harassment, physical or sexual abuse or neglect and felt safe. The village manager stated that any reports of alleged episodes of abuse, neglect or discrimination would be immediately reported through the incident management system, investigated and responded to in a timely manner.</p> <p>Glenbrae Rest Home and Hospital promote a holistic Te Whare Tapa Wha model of health, which encompasses an individualised, strengths-based approach to ensure the best outcome for all residents including Māori.</p>
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<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>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>Information about the facility and services offered is provided to residents and family/whānau on admission. The resident information pack that is provided to residents and family/whānau on admission includes information on the Code, advocacy services, and complaints. Resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident; communication is also documented in the progress notes. Accidents/incidents reviewed had evidence that next of kin had been notified. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services.</p> <p>The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services. The clinical nurse lead and registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed through meeting, emails and newsletters.</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</p>	<p>FA</p>	<p>There are policies around informed consent. Eight resident files reviewed included informed consent forms signed by either the resident or their enduring power of attorney (EPOA). Consent forms for</p>

<p>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>Covid-19 and influenza vaccinations were also on file where appropriate. Residents and family/whānau could describe what informed consent was and their rights around choice. There is an advanced directive policy.</p> <p>In the files reviewed there were appropriately signed resuscitation plans and advance directives were completed. The service follows relevant best practice tikanga guidelines welcoming the involvement of whānau in decision making where the person receiving the services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care.</p> <p>Admission agreements had been signed and sighted for all files sampled. Copies of Enduring Power of Attorney (EPOAs) or welfare guardianship were in resident files where applicable. Where the EPOAs are activated, a medical letter of incapacity were on file.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The village manager maintains a record of all complaints, both verbal and written, by using a complaint register. There has been one complaint received since last audit. Due to the complexity of the situation the village manager requested the support of clinical governance. Review of the documentation and discussion with the village manager and clinical manager evidenced policy and procedure were followed and the situation had been well managed with satisfaction from the complainant regarding the outcome documented.</p> <p>Corrective action plans are created when required to ensure learnings occur when gaps are identified in service delivery. All the complaints were documented as resolved to the satisfaction of the complainant. Follow up and resolution letters link to the national advocacy service. There have been no external complaints. All complaints received and subsequent corrective actions have been shared with staff in the quality and staff meetings.</p> <p>Review of documentation and interview with the village manager confirmed that complaints are discussed at staff meetings. Access to complaint forms is located at the entrance and in visible places</p>

		<p>throughout the facility or on request from staff. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings provide opportunities where concerns can be raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services.</p> <p>The Code and complaints process is visible, and available in te reo Māori, and English. Interviews with the village manager and clinical manager and documentation reviewed demonstrated that complaints are managed in accordance with guidelines set by the HDC. Interviews with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly.</p> <p>Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The management team acknowledged the understanding that for Māori, there is a preference to include whānau participation and face to face meetings.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Glenbrae Rest Home and Hospital located in Rotorua, is owned and operated by the Arvida Group Limited. The service is certified to provide hospital (medical and geriatric) and rest home level care for up to 71 residents. This includes 41 dual purpose beds in the care centre, and 30 serviced apartments certified for rest home level of care located in the same building. All rooms are designed for single occupancy. At the time of audit, there were 50 residents: 14 at rest home level (including one receiving respite care), 26 receiving hospital level of care including two receiving Accident Compensation Corporation (ACC) funding, two on respite and one young person with disability (YPD). There were 10 residents receiving rest home level of care within the serviced apartments. The remaining residents were under the age-related residential care (ARRC) agreement.</p> <p>The service is managed by the village manager who is a registered nurse, who has been in the role for 14 years. They are supported by a clinical manager who has been in their role for 10 years and a clinical</p>

	<p>coordinator who has been in the role for five years and is completing the nurse prescriber training. All members of the management team are suitably qualified and maintain professional qualifications in management and clinical skills. The management team were knowledgeable about legislative and contractual requirements. Arvida Group Limited's Board of Directors are experienced and provide strategic guidance and effective oversight of the executive team. Their core focus is creating sustainable value, providing strategic guidance for the group and effective oversight at governance level for the organisation.</p> <p>Arvida Group Limited's Board of Directors are committed to ensuring best-practice governance structures and high ethical standards are maintained within Arvida Group Limited. The Arvida executive team comprises of eight experienced executives. There are various groups in the support office who provide oversight and support to village managers including wellness and care team, operations including (regional managers), Village Services Information Technology, People Team (including Health and Safety manager) and Finance and Accounts. The Board receives progress updates on various topics including benchmarking, escalated complaints, human resource matters, occupancy, and infection outbreaks.</p> <p>There is a strategic plan that includes the scope, strategy, mission, values, philosophy around person centred and resident led care and support. There is a Glenbrae Rest Home and Hospital 2025-2026 business plan being implemented which describes specific and measurable goals that are regularly reviewed and updated. The 2025 business goals have been evaluated with degree towards achievement documented.</p> <p>The executive team, village manager, and clinical staff have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. There is a Clinical Governance Group that guides vision, practice and development. There is separate Māori advisory group whose membership comprises people with Māori ancestry which assist the Clinical Governance Group to improve outcomes that achieve equity</p>
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		<p>for Māori by ensuring any decisions related to Māori embrace the principle of Tino Rangatiratanga. The Māori advisory group is responsible for establishing initiatives to ensure operational practices are appropriate and to improve access and outcomes that achieve equity for Māori. Arvida Group have contracted a Māori consultant to support policy review, te reo, Te Tiriti o Waitangi and tikanga Māori training.</p> <p>Arvida Group has a well-established organisational structure. The overarching current strategic plan has clear business goals to support their philosophy "to create a great place to work where people can thrive". The strategic plan reflects a leadership commitment to collaborate with Māori and tāngata whaikaha aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The overall strategic goal is to deliver high-quality service which is responsive inclusive and sensitive to the cultural diversity of the communities that they serve.</p> <p>There is a clinical governance group that reflects the Arvida values and approach, including the inclusion of a resident in the group, "touchpoints" across different areas of expertise, and clear links to the clinical indicator steering group and Māori advisory group. Orientation for new directors is tailored to sector knowledge and governance experience. At the facility level, clinical governance is overseen by the clinical manager, the clinical coordinator and registered nurses with portfolio responsibilities. The village manager, clinical manager and clinical coordinator have maintained in excess of eight hours of professional development activities related to their roles over the past year. The village manager is supported by the wider Arvida support team.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus</p>	<p>FA</p>	<p>Glenbrae Rest Home and Hospital has an established quality and risk management system that uses a risk-based approach to improve service delivery and care for the residents. The quality monitoring programme is designed to monitor contractual and standards compliance and the service delivery in the facility. The quality and risk management framework includes complaints, accident and incident reporting, internal audits, hazard identification, and review, staff</p>

<p>on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>training, and resident experience surveys feedback. Data is collated monthly, compared to the previous month, and benchmarked. Risks are identified and opportunities to minimise risks are implemented.</p> <p>Internal audits have been held according to schedule and any corrective actions identified have been followed up and signed off as completed. Quality data is collated monthly and compared to the previous month. There was documented evidence in the staff meetings of discussions held around quality data. Meeting minutes are made available to staff who are unable to attend the meetings. Facility meetings have been held according to schedule.</p> <p>Glenbrae Rest Home and Hospital implements a continuous quality improvement approach with service delivery including critical review of clinical data, benchmarking and identifying opportunities for improvement. The service values service improvement highly and is working on projects that include staff development, health, safety and wellbeing, and infection prevention in particular minimisation of infection rates for residents with indwelling catheters.</p> <p>Policies and procedures align with current good practice, and they are suitable to support rest home and hospital levels of care. Policies are reviewed a minimum of two yearly, modified (where appropriate), and implemented. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa Standard are processes that provide a critical analysis of practice to improve health equity.</p> <p>Resident and relative satisfaction surveys are conducted. The resident satisfaction survey results from July 2025 have been collated and corrective actions put in place based on the feedback. The resident survey results evidenced over 90% of residents were either satisfied or highly satisfied with the care received. Results from surveys have been shared with staff, residents, and family/whānau. Resident meetings occur monthly. Minutes reviewed demonstrated issues raised are followed up with actions being reported back to the meeting. Health and safety policies are implemented and monitored through the monthly meetings. Risk management, hazard control and emergency policies and procedures are in place.</p> <p>There is a health and safety committee, led by the village manager with</p>
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		<p>representatives from all departments. The village manager supported the administrators interviews regarding the implementation of health and safety across the service. The hazard register is maintained by the health and safety committee. There is a risk register in place and is the responsibility of the committee. Hazard identification forms and an up-to-date hazard register were sighted. The service documents incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made.</p> <p>Incidents and accidents forms are completed for all adverse events. Results are collated, analysed, and included in quality data and shared with the wider team. Incident data was evidenced as discussed at quality, registered nurse and staff meetings and a summary displayed in staff areas. Discussions with the village manager and clinical nurse manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 and Severity Assessment Code (SAC) reports to Health Quality and Safety Commission (HQSC) have been completed since the previous audit. There has been one minor outbreak appropriately documented and reported since last audit.</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>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of culturally and clinically safe care 24 hours a day seven days a week. The service adjusts staffing levels to meet the changing needs of the residents. Review of the current rosters showed shifts were covered by experienced staff and there was 24/7 registered nurse cover. The number of wellness partners on each shift is sufficient for the acuity, layout of the facility, support with the workload and to provide safe and timely care on all shifts. There are dedicated activities, maintenance, kitchen, laundry and cleaning staff supporting service delivery. The service utilises their casual pool staff and if required permanent staff can extend their shifts until other staff arrive to cover short notice absences.</p> <p>Staff and residents are informed when there are changes to staffing levels, as evidenced in staff interviews and review of meeting minutes Residents confirm their care requirements are attended to in a timely</p>

	<p>manner. The managers (village manager, clinical manager and clinical coordinator) all work full time Monday to Friday. There is shared on-call cover between the village manager, clinical manager and clinical coordinator. Maintenance staff are rostered over five days with on call cover by the maintenance supervisor as required.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff complete cultural awareness training at orientation and ongoing as part of the training schedule. External training opportunities for care staff include training through Health New Zealand and hospice. Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The mandatory training delivered creates opportunities for the workforce to learn about and address inequities.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Glenbrae Rest Home and Hospital support all employees to transition through the (NZQA) Careerforce Certificate for Health and Wellbeing. There are 54 wellness partners; 24 have completed level four, 11 have completed level three, six have completed level two, 13 have either commenced the pathway or are new employees. A record of completion is maintained on electronic system and staff files. Glenbrae Rest Home and Hospital have an educator on the team who supports staff to achieve HQSC qualifications and to ensure they remain current with all required training within the facility. The educator addresses different learning needs by working with the staff one to one or as a group.</p> <p>Staff are required to complete competency assessments as part of their orientation and maintain these annually. Registered nurses' complete specific competencies that include restraint, medication administration, syringe driver and interRAI assessments. Eleven registered nurses (including clinical coordinator) are interRAI trained. All registered nurses are encouraged to attend in-service training and complete additional training, including critical thinking; infection prevention; identifying and assessing the unwell resident. All wellness partners are required to complete annual competencies including</p>
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		<p>restraint, manual handling, cultural safety, and hand hygiene. A selection of wellness partners have completed medication administration competencies. A record of completion is maintained on an electronic system and in staff files.</p> <p>Support systems promote health care and staff wellbeing and a positive work environment. All staff interviewed were complimentary regarding the positive culture within the service, and they stated that management are supportive and family friendly. Staff welfare is promoted through provision of regular cultural themed activities and shared meals at staff meetings. Staff participate in an annual employee satisfaction survey with results reviewed evidencing high satisfaction rates of respondents.</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 workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources policies are in place and include recruitment, selection, orientation, staff training and development. Ten staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals including but not limited to registered nurses, general practitioner, dietitian, podiatrist, and pharmacists. There is a policy related to performance review process in place and a performance review schedule maintained by the village manager. All staff who have been employed for over a year have completed performance reviews on file.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation and annually. The service demonstrates that the orientation programme supports registered nurses and wellness partners to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Management and staff reported they can be involved in a debrief discussion to receive support following incidents. Documentation was</p>

		<p>submitted that confirmed debrief to ensure wellbeing support is provided.</p> <p>Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities. The Employee Assistance Programme is available to staff.</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>	FA	<p>There are policies and procedures that guide staff in the management of information. Resident files and the information associated with residents and staff are retained and archived. Residents' information is held for the required period before being destroyed. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type.</p> <p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Records are uniquely identifiable, legible, timely and met current documentation standards. Signatures that are documented include the name and designation of the service provider. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>The facility manager reported that EPOA's can review residents' records in accordance with privacy laws, and records can be provided in a format that is accessible to the resident concerned. The village manager is the privacy officer and there is a pathway of communication and approval to release health information.</p> <p>The service is not responsible for National Health Index registration for 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>	FA	<p>There are policies in place for entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. A review of</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>residents' files confirmed entry to service complies with entry criteria. The service admission agreement reviewed aligns with all service requirements. Each of the eight resident files reviewed included a signed admission agreement, signed by the resident or their enduring power of attorney (EPOA), where these were in place and had been activated. Exclusions from the service are included in the admission agreement.</p> <p>Family/whānau and residents interviewed stated they received the information pack along with sufficient information prior to and on entry to the service. Admission criteria are based on the assessed need of the resident and the contracts under which the service operates. The clinical manager, village manager and clinical coordinator are available to answer any questions regarding the admission process.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and keeps the referral agency, residents and family/whānau informed should there be a delay. Where admission is not possible due to a lack of bed capacity or a prospective resident requiring a different level of care, they and their family/whānau are provided with alternative options and links to the community. The service collects and collates ethnicity data for prospective residents if provided.</p> <p>Ethnicity information is collected at the time of admission. Glenbrae Rest Home and Hospital is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and liaison with local kaumatua and Kaupapa Māori health providers.</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</p>	<p>FA</p>	<p>Eight resident files were reviewed including five hospital (including one funded by ACC), and one YPD; and three rest home level of care. Registered nurses are responsible for conducting all assessments, and for the development and review of care plans. Residents and family/whānau confirmed they are involved in assessment, care planning and review processes and resident files show evidence of resident and family/whānau involvement.</p> <p>Cultural assessments are completed for all residents by activities staff</p>

<p>whānau to support wellbeing.</p>	<p>who have been trained to do so. Māori residents have personal profiles and individual care plans that include cultural preferences, family/whānau involvement and tikanga considerations to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes. This was evidenced in files of residents who identify as Māori. Residents who identify as Pasifika have a care plan in place that addresses their cultural preferences and needs. The clinical coordinator reported any barriers that prevent tāngata whaikaha and family/whānau from independently accessing information or services are identified, and strategies to manage these are documented. Staff confirmed they understood the process to support residents and family/whānau.</p> <p>All residents have admission assessment information collected and an initial care plan completed at the time of admission. All reviewed files have up to date interRAI assessments completed. The residents on YPD and ACC funding do not have interRAI assessments, but registered nurses have completed comprehensive assessments using validated assessment tools and a holistic care plan is in place. Resident files reviewed confirmed that the initial interRAI assessments and initial and long-term care plans were completed in a timely manner and within the required timeframes. All long-term care plans reviewed included interventions to manage all risks, early warning signs and guide care delivery. The care plans are holistic and align with the service's model of person-centred care.</p> <p>InterRAI assessments and care plan evaluations are completed at least six-monthly or when residents' needs changed. Evaluations document the progress towards the individual's goals and if they are met or unmet. Short-term care plans for short-term needs such as infections and wounds are well utilised, with interventions transferred to the long-term care plans in a timely manner. The service actively reviews the InterRAI outcome scores for each resident and compares these with the previous interRAI in the case conference meeting. This meeting occurs six-monthly and family/whānau and residents attend or where family/whānau cannot attend they are involved via electronic means. The registered nurses use the case conference to discuss if there are any other interventions that might be helpful If interRAI scores have dropped.</p>
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	<p>General practitioners and a nurse practitioner from a local general practice ensure residents are assessed within five working days of admission. The general or nurse practitioner review each resident at least three-monthly with visits from the practice twice weekly. The general practice provides 24/7 on-call services. The clinical manager and village manager are available 24/7 for clinical advice and decision making as required. When interviewed, the general practitioner expressed a high degree of satisfaction with the standard of care and the registered nurses' competence at Glenbrae Rest Home and Hospital. Specialist referrals are initiated as needed. Allied health interventions are documented and integrated into care plans. The service has an independent physiotherapist contracted to work three hours per week. The service employs a physiotherapy assistant to implement the instructions of the physiotherapist. A dietitian is contacted as required. A continence advisor, hospice specialists, mental health team and district nurse (for complex wounds) are available as required. A podiatrist visits six- weekly.</p> <p>Wellness partners and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written at least daily by registered nurses for hospital level residents and at least weekly for rest home level residents. Progress notes are written each shift by wellness partners. The electronic progress notes detail any new events (infections and incidents as examples) and follow up for any interventions (wound dressings as an example). The registered nurses further add to the progress notes following, general or nurse practitioner visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations are being met, and family/whānau confirmed the same regarding their loved ones. When a resident's condition alters, the registered nurses initiate a review with the general or nurse practitioner. Family/whānau stated they are notified of all changes to health, including infections, accident/incidents, general and nurse practitioner visits, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There were a total of 20 wounds skin</p>
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		<p>tears, venous ulcers, moisture associated skin damage, a surgical wound and abrasions. There were no pressure injuries. A sample of wounds were reviewed and there were comprehensive wound assessments, wound management plans and documented evaluations, including photographs to show healing progression. The clinical manager completes a monthly wound report which identifies the causes and types of wounds. Wound management is holistic and includes nutrition and positioning (as examples). Wellness partners and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Wellness partners and registered nurses complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels and repositioning. Neurological observations are completed as per the policy for unwitnessed falls or where a head injury is suspected.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>A wellness leader leads the activity programme. The activity programme runs seven days per week until the early evening. The wellness leader interviewed works full time (Monday to Friday) and has been in the role for three years. The wellness leader is supported by wellness partners seven days per week. The activity programme has integrated activities that are appropriate for all residents.</p> <p>The activities programme is supported by the "Attitude of Living Well" framework that covers every aspect of life: eating well, moving well, thinking well, resting well, and engaging well. The activities are displayed in large print on all noticeboards and residents have copies in their bedrooms. Staff remind residents of the day's activity programme throughout the day. The calendar is planned monthly in collaboration with residents who are invited to say what activities they would like to do. The calendar includes chair exercises; art and craft; baking; quizzes; word puzzles; and themed events such as the Kings birthday, Mothers/Father's Day, Matariki, Diwali and Waitangi Day. Weekly church services are held, and entertainment is provided by entertainers and school and kindergarten children. A weekly indoor bowls competition is held between staff and residents. Monthly van outings occur. A local artist volunteers to assist with the activities</p>

	<p>programme. During the audit staff and residents were completing a wall of remembrance mural on a wall by reception.</p> <p>Each resident has an activities assessment completed. The assessment is completed with the resident and family/whānau and used to develop an individualised plan for all residents. The cultural, social, spiritual, and activities section of the long-term care plan is completed within three weeks of admission and reviewed at least six-monthly at the same time as the long-term care plan is reviewed. Attendance/engagement records are maintained. The wellness leader stated the resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. The activity programme provides opportunities to participate in te reo Māori, incorporating Māori language in regular activities, entertainment and singing, Māori art and craft, participation in Māori language week, and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities, have one-on-one visits and activities such as hand massage, hand pampering, book reading, and reminiscing.</p> <p>Residents are encouraged to provide input into the formation of the programme and partake in activities that are appropriate and meaningful. The activity programme sighted during the audit evidenced high attendance and resident engagement. There are monthly family/whānau and resident meetings. Meeting minutes sighted evidenced high attendance. Family/whānau interviewed confirmed they find the meetings helpful for finding out what is happening in the facility and have an opportunity to provide feedback if necessary. Residents can provide feedback on activities during one-to-one sessions, at the meetings and six-monthly reviews.</p> <p>Residents and family/whānau interviewed stated the activity programme is meaningful and engaging. Glenbrae Rest Home and Hospital has achieved continuous improvement in the activities programme.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A medication management policy is implemented for safe medicine management, and this meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and wellness partners interviewed could describe their role regarding medication administration. The facility uses robotic rolls. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Unused and expired medications are returned to the pharmacy.</p> <p>Medications were stored securely. There are three medication rooms: two in the care centre and one in the serviced apartment area. Medication trolleys are stored in the locked medication rooms. Medication trolleys were observed to be locked when not in use. The medication refrigerators are monitored daily and maintained within an acceptable range. Room temperatures in the medication rooms are monitored daily and maintained within an acceptable range. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the general or nurse practitioner and charted on the electronic medication chart.</p> <p>Sixteen electronic medication charts were reviewed. The medication charts reviewed confirmed the general or nurse practitioner reviews all resident medication charts at least three-monthly and each chart has photographic identification and allergy status identified. There are four residents currently self-administering some of their medications. They are competency assessed three-monthly by the general or nurse practitioner to ensure they are safe to self-administer their medications. Medications were seen to be stored in locked cabinets in the rooms of residents who self-administer their medications.</p> <p>Pro re nata medications are administered as prescribed and effectiveness is documented on the electronic medication system. Medication competent wellness partners, enrolled nurses and</p>
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		<p>registered nurses sign when the medication has been administered. There are no vaccines kept on site. The facility does not use standing orders. Residents and family/whānau are updated around medication changes, including the reason for changing medications and potential adverse reactions. This is documented in the progress notes.</p> <p>The registered nurses and clinical coordinator described the process to work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/ whānau are supported to understand their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are prepared and cooked on site. The kitchen manager (interviewed) works full time. They are supported by a part-time cook/kitchen hand and two other kitchen hands. A review of staff training records evidenced that all kitchen staff have completed a broad range of education/training sessions relating to food handling, including tikanga Māori tapu and noa, allergens and food hygiene (as examples).</p> <p>The kitchen was observed to be clean, well-organised and well equipped. A current approved food control plan was evidenced, expiring 14 June 2026. Dry ingredients remain in their original packaging and are placed in a plastic see-through box and dated on opening. The kitchen manager stated that they do not decant to other containers to prevent any mixing of old and new contents. The original label is kept as this outlines all ingredients and if there is a product recall, they can return the packaging in its entirety. Where required, the packaging was enclosed in a container to maintain freshness.</p> <p>The four-weekly seasonal menu has been reviewed by a dietitian in April 2025. The kitchen manager receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The kitchen manager is aware of resident likes, dislikes, and special dietary requirements. Resident profiles have been reviewed within the six-monthly resident review process, or as and</p>

		<p>when required. Two options are offered for main meals, and alternative meals are offered for those residents with dislikes, or religious and cultural preferences. Residents have access to nutritious snacks at any time of the day or night. On the day of audit, meals were observed to be well presented.</p> <p>Tikanga guidelines are available to staff. The kitchen staff interviewed understand tikanga guidelines in terms of everyday practice. The kitchen manager is familiar with dietary preferences for Māori residents. The kitchen teamwork in tandem with the wellness leader to provide food when celebrating national days of significance, including Waitangi Day. The service uses an electronic system to record monitoring of temperatures. Daily records include fridge and freezer temperatures recordings in kitchen and storage areas. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen.</p> <p>Cleaning schedules are maintained, as evidenced on completed electronic records. Meals are served directly to residents from the kitchen to the adjacent dining room or taken to residents in other areas of the facility in covered trays. Residents were observed enjoying the social aspect of their meals. Staff were observed respectfully assisting residents with meals in the dining areas. Modified utensils are available for residents to maintain independence with eating as required.</p> <p>Residents participate in baking and food preparation as part of the activities programme. The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback directly to kitchen staff who mingle with the residents daily post the lunch meal, at resident meetings, or via the resident survey process.</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</p>	<p>FA</p>	<p>Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a different level of care. Discharge and transfer are planned processes that are communicated with residents and their family/whānau. Residents and family/whānau are advised of the reason for</p>

<p>whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>transition/transfer, options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested.</p> <p>In order to coordinate a supported transition of care or supports when residents are transferred to the public hospital, their family/whānau are informed. The registered nurse completes a set of transfer documents, and the general or nurse practitioner makes the referral to hospital. Relevant documentation sent with the resident includes a printout of their current medications, care needs, and a copy of EPOA documents. Resident needs and potential risks are communicated to the referred health service by the registered nurse. Where resident's wish or need to be seen by another health service, referral is made, examples sighted included referrals to the dietitian, speech language therapist and specialist clinics at the hospital. Residents attending external appointments are encouraged to be accompanied by their family/whānau.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. 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.</p>	<p>FA</p>	<p>The building holds a current building warrant of fitness. The building, grounds and equipment are fit for purpose and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices. There is artwork displayed throughout relating to te ao Māori and Pacific Peoples' culture and signage in te reo Māori. Residents were seen to display items of significance in their rooms.</p> <p>There is a maintenance supervisor (interviewed) who works full time Monday to Friday. They oversee all maintenance within the facility. They are assisted by a maintenance assistant and a gardener. The maintenance person completes day to day repairs and planned maintenance. Essential contractors/tradespeople are available 24 hours per day and brought in when required. There is an electronic maintenance request system in place for repairs and maintenance requests. This is checked daily, prioritised and signed off when repairs have been completed.</p> <p>There is an annual maintenance plan that includes electrical testing and tagging, last completed in February 2026. Resident equipment</p>

		<p>checks, call bell checks, and monthly testing of hot water temperatures occur as per policy. Records reviewed evidenced acceptable temperatures. Calibration of medical equipment has occurred as planned, last done in July 2025.</p> <p>The care centre and certified serviced apartments are on a single level, with private nooks for residents to use for quiet times and to meet with family/whānau. There is outdoor furniture and shade available throughout the garden areas. The gardens are well maintained, and pathways are safe for older people to mobilise. The facility has wide corridors with handrails for residents to safely mobilise using mobility aids. Residents were observed moving freely around the areas with mobility aids where required. Bathrooms, and service areas have vinyl surfaces.</p> <p>There are adequate storage areas for mobility equipment. All resident rooms are single occupancy and are spacious enough to allow residents to move about with mobility aids. Residents and family/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit. There are heat pumps in communal areas and wall heaters in resident rooms. All resident rooms have external windows and are well ventilated. The facility has plenty of natural light. All residents interviewed stated they were happy with the temperature of the facility. Furniture is arranged around to create a homely and welcoming environment. Some resident bedrooms have a full ensuite; others share communal toilets and showers. There are sufficient toilets and showers in each wing of the facility. There are adequate toilets throughout the facility for staff and visitors. All rooms are of an appropriate size to allow care to be provided, and for the safe use and manoeuvring of mobility aids. Serviced apartments are well appointed with kitchen facilities and a full ensuite.</p> <p>The facility has one resident van with current registration and a warrant of fitness. The need to ensure any future developments/ refurbishments have a co-design approach to ensure changes reflect the aspirations and identity of Māori, is well known by the organisation.</p>
Subsection 4.2: Security of people and workforce	FA	Disaster and civil defence plans and policies outline specific

<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>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 on 27 November 2019. Fire evacuation drills are held six-monthly and were last completed in November 2025. High staff attendance was noted.</p> <p>Civil defence supplies are stored in a shed next to the care facility. The three civil defence bins are checked monthly. In the event of a power outage, emergency lighting provides sufficient lighting until the Glenbrae Rest Home and Hospital can access a generator. In the event of a major power outage staff are required to phone Arvida head of properties and assets who will access a generator. There are four barbeques onsite for cooking. There is adequate food supply available for each resident for minimum of three days. There are two 3000 litre tanks on site which are re-filled six-monthly from town supply. Water purifying tablets are also in the civil defence bins.</p> <p>Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always on duty. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Some residents have wrist-band call bells. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of the maintenance audit. The residents were observed to have their call bells in close proximity.</p> <p>Residents and family/whānau interviewed confirmed call bells are answered in a timely manner. Residents interviewed in the serviced apartments also confirmed that staff answer call bells promptly. The facility is secured at night by staff. Security lighting is in place, with some limited closed circuit television cameras (CCTV) in place in communal areas and externally. A contracted company provides two security patrols each evening at random times. Family/whānau are informed of emergency procedures as part of the admission process for their family/whānau.</p> <p>Staff confirmed an awareness of the process to follow, should an emergency event occur.</p>
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<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 respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and antimicrobial stewardship (AMS) is an integral part of the quality programme, which is linked to the strategic plan, to ensure the environment minimises the risk of infection to residents, staff, and visitors. The infection prevention programme is reviewed annually by Wellness and Care and then sent out to all villages for review before being completed. There is an infection prevention steering group which feeds into the Clinical Governance Group.</p> <p>Infection prevention audits are conducted. Infection rates are presented and discussed at quality, infection prevention and staff meetings. Infection prevention data is also sent to support office where it is reported regularly at Board meetings. The data is also benchmarked with other Arvida villages. Results of benchmarking are presented back to the villages electronically and results discussed with staff. This information is also displayed on staff noticeboards. Significant events are managed appropriately and receive the appropriate level of organisational support.</p> <p>Expertise in infection prevention and antimicrobial stewardship can be accessed via Health New Zealand, and they have the support of the head of clinical governance and head of clinical quality. Infection prevention and antimicrobial stewardship resources are accessible. Any significant events are managed using a collaborative approach involving the infection prevention team, the general practitioner and the public health team. The infection prevention programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service.</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>FA</p>	<p>The clinical coordinator is the infection prevention coordinator, and coordinates the implementation of the infection prevention programme and antimicrobial stewardship (AMS). The Infection prevention coordinator's, responsibilities and reporting requirements are defined in the infection prevention job description. The service has a pandemic response plan (including Covid-19) which details the preparation and planning for the management of lockdown, screening transfers to the facility and positive tests. The infection prevention coordinator has</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>completed internal infection prevention training and as part of their nurse prescriber studies they have completed a six-month clinical assessment and decision-making infection prevention assessment course. There is external support from the general practitioner, plus Arvida Group support office. There is ample personal protective equipment (PPE). Extra PPE can be accessed as required. The infection prevention manual outlines a comprehensive range of policies procedures and guidelines.</p> <p>The infection prevention programme has been approved by the management team and Board. The infection prevention programme is discussed at clinical and staff meetings. Infection prevention data is included in the monthly quality reports, which are discussed at Board level. The infection prevention manual includes a comprehensive range of policies, standards and guidelines. This includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff.</p> <p>Policies and procedures are reviewed by the organisational infection prevention team regularly to ensure compliance with standards and regulations. Policies are available to staff. The pandemic response plan is clearly documented to reflect the current expected guidance from Health New Zealand. The infection prevention coordinator, interviewed, described the pandemic plan and confirmed the implementation of the plan proved to be successful at the times of an outbreak.</p> <p>The infection prevention resources were readily accessible to support the pandemic plan if required. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection prevention policies and practices. The infection prevention audits monitor the effectiveness of education and infection prevention practices. The infection prevention coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection prevention information available in te reo Māori. The infection prevention coordinators and staff are aware of the need to work in partnership with Māori residents and family/whānau for</p>
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		<p>the implementation of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed understood cultural considerations related to infection prevention practices.</p> <p>Policies and procedures are in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. There are procedures to check these are monitored through the internal audit system. Infection prevention is part of facility meetings. The management team described a clear process of involvement, should there be plans for development and ongoing refurbishments of the building. Infection prevention is part of facility meetings. The infection prevention coordinator is committed to the ongoing education of staff and residents, as outlined in interview, documented within the staff training schedule and described in infection prevention policies. Infection prevention is part of staff orientation and included within the mandatory staff training schedule.</p> <p>Staff have completed hand hygiene, standard precautions, and personal protective equipment training. Resident education occurs as part of the daily cares. Family/whānau are kept informed of extra precautions required or outbreaks and updated through emails and phone calls. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has an antimicrobial stewardship policy and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff and quality meetings. Laboratory diagnostic testing reports are reviewed, and residents are prescribed appropriate antibiotics according to the sensitivity results.</p> <p>The infection prevention coordinator works in tandem with the general</p>

		practitioner to ensure best practice strategies are implemented. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection prevention programme. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into electronic infection logs. The monthly infection summary (report extracted from the electronic quality system) includes all infections, including organisms and ethnicity. This data is monitored and analysed for trends and patterns by the infection prevention coordinator and is included in the monthly report to the Board. Infection prevention and surveillance is discussed at facility meetings, as confirmed by staff interviewed and review of staff meeting minutes. Short-term care plans are utilised for residents with infections. Internal infection prevention audits are completed, with corrective actions for areas of improvement.</p> <p>Clear, culturally safe communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare-acquired infection. The service receives information from Health New Zealand services for any community concerns. The infection prevention coordinator described developing action plans where required for any infection rates of concern.</p> <p>There has been one outbreak (Covid-19) since the previous audit. The outbreak was minor, was quickly contained, and no staff were affected. The outbreak was well documented and managed with evidence of a debrief meeting which identified what went well and areas of improvement for future outbreak management.</p>
<p>Subsection 5.5: Environment</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</p>	FA	<p>There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked box on the cleaning trolleys, and the trolleys are stored in a locked cupboard when not in use. Safety data sheets and</p>

<p>decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are sluice rooms in each area with a sanitiser, stainless steel bench and separate handwashing facilities are available. Eye protection and other PPE are available.</p> <p>Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. Linen and personal clothes are laundered on-site by dedicated laundry staff seven days a week. There are defined areas for clean and dirty laundry, and a dirty-to-clean flow is evident in the laundry area. Kitchen linen and mop heads are also done on-site at separate times to resident clothes and linen. There are sufficient commercial washing machines and dryers. The washing machines and dryers are checked and serviced regularly. Material safety data sheets are available, and all chemicals are within closed systems.</p> <p>Linen was seen to be transported on covered trolleys. Resident clothes are delivered to residents' rooms in named baskets. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted was in good condition. There are dedicated cleaners on seven days a week. Cleaning trolleys are always attended to and locked away in the cleaners' cupboard when not in use. Cleaning schedules have been maintained for daily and periodic cleaning. All chemicals on the cleaning trolley were labelled. Appropriate personal protective clothing was readily available. The staff interviewed had good knowledge about cleaning processes and infection prevention requirements. There were cleaning and laundry audits completed as per the schedule that evidence compliance. The infection prevention coordinator provides support to maintain a safe environment during construction, renovation, and maintenance activities.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from</p>	<p>FA</p>	<p>The policy and procedures for restraint minimisation and safe practice specify Glenbrae Rest Home and Hospital is committed to providing a restraint-free environment to the best of their ability. This is supported by the governing body, management and staff. The policy requires that</p>

<p>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.</p>		<p>the facility works in partnership with Māori, to ensure resident voices are heard, and ensure services are mana enhancing when restraint is considered. Glenbrae Rest Home and Hospital has been restraint free for many years.</p> <p>The restraint coordinator is the clinical coordinator. A job description is in place for the restraint coordinator role. The restraint coordinator stated their commitment to least restrictive practices is through ensuring residents needs are met through intentional rounding, regular toileting, implementing falls prevention strategies, use of equipment such as sensor mats and landing mattresses as examples, effective communication with family/whānau and educating staff on maintaining safety for individual residents.</p> <p>The head of clinical and quality oversees restraint practice. Monthly reports to the head of clinical and quality show there is no use of restraint and training is up to date.</p> <p>Training records demonstrate staff receive annual education on restraint minimisation, responding to distressed behaviour, and falls prevention.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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>The activities programme is planned monthly in collaboration with residents who identify their interests and preferred activities. Individual lifestyle and preferred leisure activities are identified soon after admission and included in the long-term care plan. The activities programme is led by the wellness leader and incorporates activities to enhance physical, mental, psychosocial and spiritual aspects of the residents. This includes exercises, garden walks, quizzes, competitions, art and craft, baking, entertainment, outings, church services, celebration of calendar events and activities based on te ao Māori.</p>	<p>In 2024 during a resident meeting, one male resident stated they would like to do practical activities that interested them, that utilised their skills and allowed them to have contact with the community. This was brought to a staff meeting and staff identified a gap in activities for men. Staff discussed ideas and agreed they would begin a bicycle upcycling programme where old and abandoned bicycles would be dismantled, refurbished, re-built and donated. The programme is resident led but wellness partners provide support and ensure safety. Initially (phase one), the programme involved three residents, day-programme participants, and other residents in Arvida Glenbrae village with the local bicycle shop giving advice and donating a marquee. The Rotorua Lakes Council provided funding support and Safe Schools donated helmets and spare parts. In 2024 57 bicycles were refurbished and donated.</p>

			<p>In 2025 phase two of the programme commenced which involved developing an intergenerational partnership with a local school. The purpose of this was to broaden the benefits of contact with children to all residents not just those participating in the upcycling programme. Glenbrae Rest Home and Hospital offered a school holiday programme where children would partner with a resident, learn how to dismantle a bicycle, refurbish it, re-build it and then the child could keep the bicycle. When the children are onsite, they participate in cooking and baking, art and craft, gardening and games and competitions with the residents. In return children from the school visit Glenbrae Rest Home and Hospital monthly to perform waiata, kapa haka and to interact with the residents. The school children joined in with staff and residents in the Rotorua Santa parade. The programme has increased connections within the community with the police and local businesses donating bicycles which have been donated to women's refuge, a school in Te Kaha who reached out as they had no bicycles for their Weetabix marathon and other schools in the area. Other connections have been developed as a result with Maatua Whāngai, Whakarewarewa school, Te Aka Mauri children's health hub, Rotokawa Primary school, Te Kura o Te Whānau-a-Apanui, Te Whare Wānanga o Awanuirangi, Toi Ohomai Institute of Technology and the Rotorua mountain bike club.</p> <p>By the end of 2025, 20 residents were participating in the programme. A survey of these was undertaken. There were 17 respondents and 100% reported they had less loneliness, renewed purpose in life, experienced joy and excitement, had increased social connection, increased cognitive stimulation and felt valued. Over 2025, a total of 105 bicycles were donated. During the audit the programme was observed. Phase three of the programme has begun with residents continuing to upcycle bicycles and now</p>
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			making key rings, medals, clocks and jewellery with parts that cannot be used on the bicycles.
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End of the report.