

Mary Doyle Healthcare Limited - Mary Doyle Lifecare

Introduction

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

The audit has been conducted by 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: Mary Doyle Healthcare Limited

Premises audited: Mary Doyle Lifecare

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

Dates of audit: Start date: 17 February 2026 End date: 18 February 2026

Proposed changes to current services (if any): Since the last audit Goddard (30 dementia beds) and Nimon (23 rest home beds only) has been closed down and is not operational. The total bed capacity decreased from 161 to 108 including three serviced apartments.

The service is in the process of construction where the previous 30 dementia beds in Goddard wing are being reconfigured to 18 dual purpose beds. A partial provisional audit was not included in this audit as requested by the provider.

Total beds occupied across all premises included in the audit on the first day of the audit: 87

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

Mary Doyle Lifecare provides hospital (geriatric and medical), rest home, and dementia care for up to 108 residents. At the time of the audit there were 87 residents.

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

There has been a change in management since the last audit. The village manager is supported by a clinical manager, a clinical coordinator, and a team of experienced staff. There are various groups in the Arvida support office who provide oversight and support to village and clinical managers.

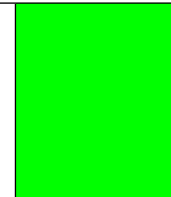
There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care. Residents and family/whānau reported a high level of satisfaction with care and support provided at the service.

The shortfall identified at the previous audit around infection control has been rectified.

This surveillance audit identified an improvement required around behaviour management plans.

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.



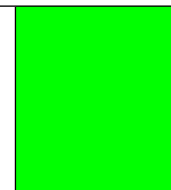
Subsections applicable to this service are fully attained.

Mary Doyle Lifecare provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan and Pacific health plan are documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health, and provide high-quality and effective services for residents. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. Residents are able to make informed decisions.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. 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.

The Arvida Group has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. Mary Doyle Lifecare has an established quality and risk management system. Quality and risk performance is

reported across various meetings and to the organisation's management team. Mary Doyle Lifecare collates clinical indicator data and benchmarking occurs. There are human resource policies including recruitment, selection, orientation, and staff training and development.

The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support, and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service are partially attained and of low risk.
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Registered nurses assess residents on admission. An interim care plan guides care and service provision during the first three weeks after the resident's admission. InterRAI assessments are used to identify residents' needs, and long-term care plans are developed and implemented. The general practitioner, or nurse practitioner completes a medical assessment within the required timeframe, and reviews occur thereafter at least three-monthly. Residents' files reviewed demonstrated evaluations are completed at least six-monthly. Residents are assessed by a physiotherapist and have access to a podiatrist, and dietitian. Residents have their needs met in a manner that respects their cultural values and beliefs. Handovers between shifts guide continuity of care and teamwork is encouraged.

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.

The food service meets the nutritional needs and preferences of the residents. The menu has been reviewed and approved by a registered dietitian. Specific dietary needs, allergies, and intolerances are catered for. All meals and baking are prepared and cooked on site. The service has a current food control plan. Residents and family/whānau confirmed satisfaction with meals provided.

Transition, discharge, or transfer is managed in a planned and coordinated manner.

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.
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The two buildings have a current warrant of fitness. There is a planned and reactive maintenance programme in place. Equipment and electrical appliances are serviced and tested regularly. The building is spacious and well maintained. Residents have ready access to safe and appropriate outdoor gardens.

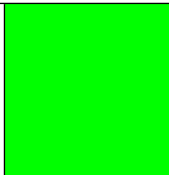
Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

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.
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Infection prevention management systems are in place to minimise the risk of infection to residents, service providers, and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation, and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Benchmarking occurs. There have been two outbreaks since the previous audit.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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The restraint minimisation policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. The strategic plan aims to be restraint free. There is no use of restraint. Staff receive ongoing training in restraint minimisation and safe practice and complete an annual competency test.

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	17	0	1	0	0	0
Criteria	0	49	0	1	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. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is in place that acknowledges Te Tiriti o Waitangi as the founding document for New Zealand. The service currently has both residents, and staff who identify as Māori. Mary Doyle Lifecare is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and evidence is documented in the resident's care plan. Staff interviewed (three registered nurses, one clinical coordinator, six wellness partners (caregivers), one kitchen manager, one administrator, one laundry person and one housekeeper) and three managers (village manager, quality coordinator, and clinical manager described how they felt equipped to provide culturally safe services in relation to their role.</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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by</p>	FA	<p>The Pacific Way Framework (PWC) is the chosen model for the Pacific health plan and the Arvida Ola Manuia plan is in place. Staff have been introduced the Fonofale model to underpin service delivery. There are currently both residents, and staff who identify as Pasifika. Family/whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, in providing feedback about the service, and around recognition of cultural needs.</p>

<p>Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</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 Commissioner’s (HDC) Code of Health and Disability Services Consumers Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The clinical manager discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Four residents (three hospital and one rest home), and five family/whānau (two hospital level, one rest home and two secure dementia unit) interviewed reported that the service is upholding the residents’ rights. Interactions observed between staff and residents during the audit were respectful.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse, neglect and discrimination policy is implemented. Arvida’s policies provide guidelines to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. In the interest of minimising risk of resident abuse, all potential employees are asked to consent to a character check, reference checks and to a police check.</p> <p>The organisation is inclusive of ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the new employee’s induction to the service, with evidence of staff signing the code of conduct document. The management of misconduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. The cultural safety and ethnicity policy documents guidelines to understand the impact of institutional, interpersonal, and internalised racism on resident wellbeing, and to improve Māori health outcomes through clinical assessments of practice and education sessions.</p> <p>The service implements a process to manage residents’ comfort funds. All resident property is labelled at the time of admission and as new property is introduced to ensure items are identified clearly as belonging to an individual.</p> <p>Professional boundaries are defined in job descriptions. Interviews with registered nurses and wellness partners confirmed their understanding of</p>

		professional boundaries, including the boundaries of their role and responsibilities.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Informed consent processes are discussed with residents and family/whānau on admission. The electronic resident files reviewed had signed general consents in place for outings, photographs, release of medical information, medication management, and medical cares. Specific consent has been signed by resident and family/whānau for procedures such as influenza. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and providing personal cares.</p> <p>Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where available. Certificates of mental incapacity and activation of the EPOA documents were on file for residents where required and for all the residents file's reviewed who were assessed for dementia level of care.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints management policy is implemented. 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. This register is in hard copy and on the electronic resident management system. Documentation, including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with the Code, including communicating the outcome of any investigation to the complainant.</p> <p>The complaints logged were classified into themes with a risk severity rating in the complaint register. There have been 23 complaints made in 2025, and two for 2026 since the last audit. Documentation evidenced that complaints are acknowledged when received. Investigation is undertaken by the appropriate staff, either the village or clinical manager, and corrective actions identified where needed are completed. The complainant is informed of the</p>

		<p>outcome of the investigation, and the outcome is resolved to the complainant's satisfaction whenever possible.</p> <p>Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available.</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>Mary Doyle Lifecare is owned and operated by the Arvida Group. Since the previous audit, the service has closed 23 beds in Nimon wing and 30 secure dementia beds in Goddard wing. The change has resulted in a decrease in bed capacity from 161 beds to 108 beds which includes three serviced apartments. The service provides rest home, hospital, and dementia levels of care for up to 108 residents.</p> <p>The service is divided across three separate units: a dementia unit (34 beds in Ashcroft); one rest home only unit (Bramlee with 34 beds); and one dual-purpose unit (Reeve with 37). There are three serviced apartments certified to provide rest home level care; noting that these were not occupied with rest home residents on the day of the audit. There were no shared/double rooms.</p> <p>At the time of the audit there were 87 residents in total including 34 rest home residents (including one on respite), 26 hospital residents (including one funded through ACC and one on respite), and 27 dementia care residents (including one younger person under 65 years of age). All other residents were under the age-related residential care (ARRC) contract.</p> <p>Arvida Group has a well-established organisational structure. The provision of care and support services is under the remit of the 'wellness and care' team. This group provides support and leadership across all communities and is firmly engaged with the values and approach, with its emphasis on the 'attitude of living well' (moving, eating, thinking, engaging, and resting well). There is an overall business plan for each village which links to the Arvida vision, mission, values, and strategic direction. The overall goal is to engage the resident as a partner in care, this puts the resident at the centre of care, directing care where they are able and being supported by and with family/whānau as much as practicable. This is reviewed each year, and villages are encouraged to develop their own village specific goals in response to their village community voice. Each village manager is</p>

		<p>responsible for ensuring the goals are achieved and a record of progress towards the achievement of these goals is documented.</p> <p>Arvida's Board of Directors are experienced and provide strategic guidance and effective oversight of the executive team. The Arvida executive team oversees the implementation of the business strategy and the day-to-day management of the Arvida Group business. The Arvida Group comprises of eight experienced executives. A clinical governance structure is in place. The clinical governance group reflects the Arvida values and approach, including the inclusion of a resident on the group.</p> <p>The Board receives progress updates on various topics, including benchmarking, escalated complaints, incidents, human resource matters, occupancy and infection outbreaks. The Māori and clinical governance group guide vision, practice, and development to reduce barriers, recognise inequity and improve the outcomes for Māori. The village manager oversees the implementation of the quality plan. The clinical manager provides regular reporting to the village manager, which includes infection control, analysis of adverse events and summaries of clinical risk. Measures are then reviewed and adapted until a positive outcome, or the goal is achieved.</p> <p>The village manager has been in the role at Mary Doyle Lifecare for just under 18 months and has extensive management experience in the aged care industry. The village manager is supported by an experienced clinical manager. The clinical manager is supported by a clinical coordinator. The management team is supported by the Arvida head of clinical quality, head of clinical governance, and head of wellness operations.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and</p>	<p>FA</p>	<p>Mary Doyle Lifecare is implementing a quality and risk management programme. The quality and risk management systems includes performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality improvement/management and health and safety meetings; and bi-monthly clinical and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received; cultural compliance; staffing; and education. Internal audits, meetings, and collation of data are documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress</p>

<p>these systems meet the needs of people using the services and our health care and support workers.</p>		<p>and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Quality improvements are documented, monitored, and reported on.</p> <p>The most recent satisfaction survey (2025) shows overall residents and family/whānau satisfaction. Action plans were developed and followed up on around the admission experience, monthly newsletters, staff wellness, and resident, family/whānau education including pressure area care and mental health.</p> <p>The Arvida health and safety programme is the Accident Compensation Corporation (ACC) programme accredited through Wellness New Zealand. All staff are made aware of how to report an accident/incident as part of their induction online learning modules. There is a dedicated health and safety electronic system, and all staff are provided with a login into the electronic system during their orientation. The village manager attends the monthly health and safety national group meeting and feeds back data, trends and learning to the other health and safety representatives. The health and safety committee is representative of all departments in the facility. Hazard identification forms and an up-to-date hazard register were sighted. Staff and external contractors are orientated to the health and safety programme. Health and safety is discussed in quality and staff meetings. Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up actions required, evidenced in ten electronic accident/incident forms reviewed. Incident and accident data is collated monthly and analysed using the electronic resident management system and performance dashboard.</p> <p>Discussions with the village manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to HealthCERT since the last audit. Relevant events have been sent to the Health Quality and Safety Commission as required.</p> <p>There have been two outbreaks since the previous audit, and these were reported to the appropriate authorities.</p>
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<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>Mary Doyle Lifecare roster in place which provides sufficient staffing cover for the provision of care and service to residents. The service has a total of 140 staff in various roles. Staffing rosters were sighted and there is staff on duty to meet the resident's needs. The clinical manager and clinical coordinator work 40 hours per week and are available on call after hours for any operational and clinical concerns, respectively. There is at least one registered nurse on duty at all times. The registered nurse on each shift is aware that extra staff can be called on for increased resident requirements. There are designated activities, food services, cleaning, and laundry staff seven days a week. Interviews with staff and residents confirmed there are sufficient staff to meet the needs of residents. The wellness partners interviewed stated that there are sufficient staffing levels. The clinical manager interviewed stated the number of wellness partners will accommodate any immediate new admissions. All senior wellness partners are medication competent.</p> <p>There is an annual education and training schedule that was completed in 2025 and being implemented for 2026. The education and training schedule lists compulsory training, which includes cultural safe support practices in New Zealand awareness training. Cultural awareness training is part of orientation and provided annually to all staff. External training opportunities for care staff include training through Health New Zealand and Hospice.</p> <p>Mary Doyle Lifecare supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 52 wellness partners employed; 21 staff of whom work regularly in the dementia unit. All staff who work regularly in the dementia have completed the required standards. Overall, 26 staff have completed the dementia unit standards. Of the 52 wellness partners; 31 have achieved level three and four NZQA Careerforce Certificate for Health and Wellbeing.</p> <p>All staff are required to complete competency assessments as part of their orientation. Wellness partners are required to complete annual competencies for moving and handling, and cultural competencies, bi-annual competency for restraint and yearly medication and insulin administration if they are medication competent.</p> <p>Registered nurse's complete competencies, including restraint and medication competency (including controlled drug management, insulin administration, and syringe driver training). Additional registered nurse</p>
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		specific competencies include interRAI assessment competency. A record of completion is maintained on an electronic register. Eleven registered nurses are interRAI trained. All registered nurses are encouraged to attend in-service training and have completed training around infection control, including pandemic preparedness, effective communication in the care setting, and management of diabetes, dementia, and delirium.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>A register of practising certificates is maintained for all health professionals. All staff that have been employed for more than 12 months have an annual appraisal completed, and a three-month appraisal and development meeting occurs three months after commencement of employment.</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. A comprehensive induction is provided, which includes a training in the 'attitude of living well' (which focuses on resident led care). A health and safety/ training coordinator assists with the implementation of the orientation and assists staff when first starting. There are competent trainers to ensure manual handling and transfer competencies are completed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and wellness partners to provide a culturally safe environment for Māori.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	PA Low	<p>Six resident files were reviewed, including two rest home residents (including one on a respite care contract), two dementia level residents (including one younger person), and two hospital level residents (including one ACC). Registered nurses are responsible for assessing residents on admission and on an ongoing basis. All resident files reviewed have evidence of resident and family/whānau involvement in the assessment and care planning process. Residents interviewed confirmed they are involved in decision making and they have choices about their care. Assessments, interim care plans, interRAI assessments, and long-term care plans are developed within the timeframes required by the ARRC contract. The resident funded by ACC (is a long-term resident and the younger resident) are included in the interRAI assessments process.</p>

	<p>During the first two weeks following admission, staff complete monitoring forms for food and fluid intake, continence, sleep, hygiene, and behaviour to help inform the development of the long-term care plan. Medical assessments are completed by the contracted general practitioner (GP), or nurse practitioner (NP) within the required timeframes. Residents then have a three-monthly review by the GP or NP as a routine, or if their needs change, they are seen when needed. The general practice provides seven day per week on-call services. The general practitioner was interviewed during the audit and was very complimentary regarding the standard of care and communication from the clinical team. The GP stated access to Older Persons Mental Health Hawkes Bay and a psychogeriatrican occurs in a timely manner when required.</p> <p>A physiotherapist contract is under review at the time of the audit to increase hours. The physiotherapist completes mobility assessments and makes recommendations for the mobility/transfer section of the care plan, and exercises to improve strength and balance. Residents have access to a visiting podiatrist six-weekly. Dietitian input is sought where required. Allied health practitioner and medical assessments and interventions are documented and integrated into care plans.</p> <p>A review of resident files shows assessment is comprehensive and utilises the tools embedded in the interRAI assessment and other validated tools. Where the interRAI assessment shows a trigger for a specific need, this is included in care plans. Care plans are individualised, comprehensive, and holistic for residents at rest home and hospital level of care. A shortfall was identified to documentation of behaviour care plans to manage distress.</p> <p>Registered nurses and wellness partners described how they involve residents and family/whānau in implementing care plans. Residents and a family/whānau member interviewed confirmed they feel staff involve them and communicate well with them and in a timely manner. They stated staff are respectful and kind, and answer call bells promptly.</p> <p>Wellness partners interviewed could describe a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed during the audit. Progress notes and monitoring charts for personal cares document care provided according to the care plan each shift. Registered nurses document at least daily for hospital level and at least weekly and as necessary for rest home and dementia level residents. Wellness partners document the cares provided each shift. There is regular</p>
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		<p>documented input from the general practitioner and allied health professionals. There was evidence the registered nurse has added to the progress notes when there was an incident or changes in health status, or to complete regular registered nurse reviews of the care provided. Short-term care plans are developed within the long-term care plan for acute issues, such as wounds or infections. These are resolved when the acute issue resolved or added to the long-term interventions.</p> <p>Care plans are reviewed routinely every six months, or more frequently if the needs of residents' change. InterRAI assessments are completed before the care plan review so that outcome measurements are utilised to evaluate progress or identify new needs. Family/whānau are invited to either attend care plan reviews or to email any suggestions if they are unable to attend. Care plan reviews include a review of the residents' goals and aspirations, and if the supports given are helping to achieve these.</p> <p>The registered nurse monitors residents' weight and vital signs according to their needs, which is monthly as a routine but more frequent when indicated. Neurological observations are completed at recommended intervals for residents with unwitnessed falls or falls where the head is hit. Monitoring charts are completed according to identified needs and include (but are not limited to) behaviour, bowels; food and fluids; blood glucose levels; positioning; personal cares; and falls risk.</p> <p>At the time of the audit there was a total of 13 wounds, and a stage two pressure injury. There is evidence of communication and collaboration with the wound nurse specialist for chronic wounds. Assessments and wound management plans, including wound measurements and photographs were reviewed. An electronic wound register has been fully maintained. Wound assessment, wound management, evaluation forms, and wound monitoring occurred as planned in the sample of wounds reviewed. Wellness partners and registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources. There is access to a continence specialist as required.</p>
<p>Subsection 3.4: My medication The people: I receive my medication and blood products in</p>	<p>FA</p>	<p>Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing and</p>

<p>a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>documenting administration. Medication rounds were observed as part of the audit and seen to be safe. Medications are administered by registered nurses, and wellness partners. All staff administering medications are required to pass an annual competency test and have ongoing training in medicine management.</p> <p>Medications are supplied by a local pharmacy in robotic packs. Staff could describe their responsibilities for receiving medications from the pharmacy including checking against prescriptions. Expired and unused medications are returned to the pharmacy. Medications are stored safely in locked treatment rooms and moisture proof locked cabinets in resident room ensembles. The registered nurse's complete expiry date checks of stored medications. There are three medication rooms and medication rooms are temperature controlled and staff have completed daily fridge temperature monitoring for all the medication rooms, as sighted on the records. Daily room temperatures have been completed. Liquid medications and eye drops are labelled with the date of opening.</p> <p>Twelve medication charts were reviewed. These meet prescribing requirements and are reviewed at least three-monthly by the GP or NP. Any changes to medications are discussed with residents and family/whānau. All medication charts had photographic identification. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Pro re nata medications have the indications documented in the prescription and the effectiveness is documented in the electronic medication system.</p> <p>There are no standing orders used, and no vaccines are stored on site. One resident self-administers their medications, and a process of assessment, review, and safe storage was evidenced. Medication errors are reported, analysed, and escalated to the head of clinical quality.</p>
<p>Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p>	<p>FA</p>	<p>All meals and baking are prepared and cooked on site. All have completed food safety training. There is a four-week summer and winter menu which caters for food preferences, dislikes, intolerances, allergies, and required food texture is identified. There are two options and alternatives prepared for main meals and if neither suit individuals, then alternatives can be offered. Cultural preferences and celebrations are catered for. Residents interviewed</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>confirmed they are happy with the meals provided and can give feedback at any time. They stated if they do not like what is provided, an alternative is offered. There is a current food control plan.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transition, transfer to another facility or hospital, and discharge is a planned process that includes communication with the resident and their family/whānau and communicating and documenting the care needs and potential risks for the other facility. If a resident becomes acutely unwell, the registered nurse can call the GP or NP for advice. If a resident needs urgent transfer to hospital, the ambulance is called and family/whānau informed. Registered nurses (including the clinical coordinator) interviewed described the required documentation required to accompany the resident to hospital and confirmed that family/whānau are notified.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The physical environment is safe, well maintained, tidy, and provide safe access to the outdoors. There are two buildings (the main building and Bramlee [rest home only] building, both with a current building warrant of fitness. There is a preventative maintenance plan on an electronic system. The plan comes from Arvida support office and is tailored for Mary Doyle Lifecare.</p> <p>There is a logbook for staff to log maintenance and repair requests. This is checked by maintenance staff daily and signed off when completed. Essential contractors such as plumbers and electricians are available 24 hours as required. Checking and calibration of medical equipment, hoists and scales was completed annually and current. Hot water temperatures are monitored regularly and within the accepted range.</p> <p>Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the home and can personalise their room. The service is in the process of construction where the previous 30 dementia beds in Goddard wing are being reconfigured to 18 dual purpose beds. The construction is part of the main building and has no effect on residents and visitors' movement. The previous Goddard wing has not been</p>

		<p>demolished but is in the process of being fully refurbished.</p> <p>Site safety is managed by the construction company with access through a site office. The access to the main entry is boarded off. Noise and dust is managed appropriately with barriers surrounding the demolition and the Goddard wing is closed off to all except trades people.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by Arvida Group support office in consultation with infection control coordinators. Policies are available to staff.</p> <p>Data on infections is collated monthly, analysed, and reported to the manager and head office. Infection control is discussed with staff as part of the quality meeting. The IPC committee has been re-established to meet bimonthly This is an improvement since the previous audit.</p> <p>The infection control policy states the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene, and personal protective equipment training. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed of any infection control matters through meetings, newsletters, and emails.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives,</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Surveillance data includes ethnicity. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality improvement and staff meetings.</p>

<p>priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>Arvida head office have direct access to data via the electronic system. Data on incidents and rates of healthcare associated infections (HAI) are benchmarked monthly and emailed to villages, to support their quality programme. Any trends are reported to the monthly Board meeting.</p> <p>Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement. The service receives email notifications and alerts from Arvida head office and Health New Zealand for any community concerns.</p> <p>There have been two outbreaks recorded since the last audit (June and August 2025). Both were managed well.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint minimisation and safe practice policy specifies the organisation's commitment to maintaining a restraint-free environment. There is no use of restraint. The policy and procedures describe the process for implementing restraint, including a holistic assessment, an approval process that includes family/whānau and the GP or NP, identifying alternative strategies including de-escalation, and monitoring and review of restraint.</p> <p>Staff receive ongoing training in maintaining a restraint-free environment, de-escalation, cultural safety, and alternative strategies to the use of restraint. Wellness partners and registered nurses complete a bi-annual competency test in restraint minimisation.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally</p>	PA Low	<p>Registered nurses are responsible for the development of care plans. The RNs interviewed stated monitoring charts are regularly reviewed as part of the RN review process each week. Care plans for residents at rest home and hospital level care were comprehensive to meet assessed needs, goal focused and individualised.</p> <p>There is a comprehensive documented policy that guides care plan development related to management of behaviours. Registered nurses completed behaviour assessments that include a Cornell Scale for Depression in Dementia (CSDD) assessment, ‘about me,’ life history and complete a</p>	<p>Three residents in the dementia unit had behaviour management care plan and `sleep` care plans in place but stated ‘behaviour that challenge` and do not reflect the individual behaviour and triggers specific to each resident. Interventions to support successful strategies specific to the resident to manage their behaviour across a 24/7 period are not always clearly documented.</p>	<p>Ensure residents interventions related to the management of distress behaviours consider type of behaviours and associated habits, routine, triggers, and specific support strategies to reduce distressed behaviour across a 24/7 period.</p> <p>90 days</p>

<p>competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>behaviour management plan and sleep care plan to reflect the type of distressed behaviour across a 24/7 period.</p> <p>The monitoring charts are completed when the resident exhibits behaviour and interventions are documented on the monitoring chart to evidence what strategies were implemented to deescalate the type of behaviour. The behaviour management care plan and `sleep` care plan was generalised for three of the residents in the dementia unit. The plans stated `behaviour that challenge` and do not reflect the individual behaviour or triggers specific to each resident. Interventions to support successful strategies specific to the resident to manage their behaviour across a 24/7 period are not always clearly documented.</p> <p>Observation and family/whānau interviewed evidence wellness partners are skilled in the deescalation of any behaviours.</p>		
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.