

Timandra Residential Care Limited - Brooklands Care on Timandra

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 Quality Health Authority, 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: Timandra Residential Care Limited

Premises audited: Brooklands Care on Timandra

Services audited: Dementia care

Dates of audit: Start date: 18 March 2026 End date: 19 March 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: 19

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Brooklands Care on Timandra is privately owned by the Sentinel Group Investment Limited. The organisation is certified to provide dementia care for up to 28 residents. There were 19 residents on the days of audit. The last audit was a provisional audit conducted when the rest home was purchased in March 2025. There has been some significant changes since the last audit. A facility manager was appointed in August 2025, and an experienced clinical leader is on site four days per week. An electronic client management system was introduced in February 2026. The environment has also been improved with some refurbishments. Brooklands Care on Timandra works closely with another local rest home also owned by the Sentinel Group. A number of resources, including staffing and systems are shared between both sites. Feedback from family/whānau and residents was positive about the care and the services provided.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the funding agreement with Health New Zealand. The audit process included the review of policies and procedures, sampling of residents and staff files, observations, and interviews with family/whānau, residents, management, staff and the nurse practitioner.

The audit resulted in one area requiring an improvement. This relates to electrical testing and tagging. A continuous improvement rating has been allocated regarding the improved outcomes.

Ō tātou motika | Our rights

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



Subsections applicable to this service fully attained.

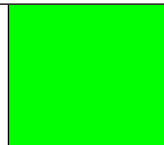
Māori residents receive fair and effective care, guided by Te Tiriti o Waitangi and the principle of mana motuhake. Staff receive training in Te Tiriti o Waitangi and cultural safety which is reflected in service delivery.

All residents and their whānau are informed about their rights under the Code of Health and Disability Services Consumers' Rights, and these rights are respected and protected. Residents' personal identity, independence, privacy and dignity are respected and supported. Staff maintain professional boundaries. There have been no reported incidents or complaints related to abuse and neglect. The complaints process aligns with consumer rights legislation.

Residents and whānau are given clear and easy-to-understand information. They stated they feel listened to and included when making decisions. Staff use open communication, and interpreters are available when needed. Whānau and legal representatives are involved in decision-making, following the law. Informed choice and consent are facilitated. Advance directives are followed.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsections applicable to this service fully attained.

The required policies and procedures are documented and current. A range of quality data is collected and collated. Clinical indicators are monitored against best practice guidelines. Information regarding all quality related activities is shared amongst staff.

Service improvements are implemented when required. Internal and external risks are identified with mitigating factors documented and monitored. Adverse events are managed as per requirements and guidelines.

Human resource policies and processes align with employment legislation. Staff qualifications are validated. The orientation programme covers the essential components of service delivery. The organisation ensures there is a sufficient number of suitably qualified staff on site at all times. The required training and competencies are defined and completed. Staff performance is monitored. Staff records are securely and confidentially maintained.

Resident and staff records are maintained in an accurate, secure and confidential manner. Ethnicity is recorded.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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When a resident is admitted the facility manager and clinical coordinator work together to ensure an organised and smooth admission process. Assessments and care plans are completed in a timely manner with input from the resident and their family/whānau. Each resident has a comprehensive personalised care plan that is based on their needs and updated if anything changes. Residents are referred or transferred to other health services as required.

Residents can take part in a range of activities, both one-on-one and in groups. The activity programme helps residents stay connected to the community and supports the health and wellbeing of Māori and their whānau. Residents are encouraged and supported to keep doing things they enjoy, based on their age, needs, and stage of life.

The organisation uses a medication system with pre-packed medicines and an electronic record system. Trained and competent staff administer medication. The nurse practitioner reviews medication charts regularly.

The food service provides nutritious meals that meet residents' dietary and cultural needs. Food is safely managed, and snacks and drinks are available on a 24-hourly basis. Residents confirmed satisfaction with the meals provided.

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.		Some subsections applicable to this service partially attained and of low risk.
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The environment is safe and fit for purpose. There is a current building warrant of fitness. Medical devices and equipment are routinely calibrated and monitored. There is a maintenance schedule, and ongoing maintenance requests are attended to in a timely manner. Hazards are identified. Bedrooms are of sufficient size. There is an adequate number of toilet and bathing facilities. All furniture and fittings were in good order. The environment reflects the cultural values and beliefs of residents.

There is an approved evacuation plan. Evacuation drills are routinely conducted. Emergency procedures are documented and all staff receive training in emergency preparedness and management. Civil defence supplies are well stocked. Additional equipment is available in the event of the mains utility supply fails. Security is maintained

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

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

Subsections applicable to this service fully attained.

The service has an infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. The programme is led by a suitably qualified infection control coordinator and is reviewed annually. Sufficient resources, including personal protective equipment, is available and readily accessible to support the outbreak management plan. Waste and hazardous substances are managed in line with council requirements. Cleaning and laundry services are provided effectively.

Prescribed antibiotics are monitored, and any adverse effects are followed up. Specialist infection prevention advice is obtained when required. Staff demonstrated understanding of infection prevention practices, which are guided by current policies and reinforced through ongoing education. Surveillance of healthcare-associated infections is undertaken, with results communicated to staff, and the governance body. Follow-up actions are implemented when indicated.

There is no infection outbreak reported since the 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 fully attained.

There service maintains a restraint free environment. There were no restraints in use. The required policies and procedures are documented. Staff receive training in restraint minimisation and de-escalation.

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	26	0	1	0	0	0
Criteria	1	165	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.</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>The Māori Health Plan acknowledges the principles of Te Tiriti o Waitangi. The Strategic Plan includes equity. There is also a Māori Perspective of Health policy. Policies align with national strategies.</p> <p>The rest home currently has residents and staff who identified as Māori. The facility manager (FM) confirmed they are actively trying to reduce barriers to access, following basic tikanga practice, developing skills in the use of te reo Māori, displaying signage in te reo Māori, respecting mana motuhake and implementing a te whare tapa model of service delivery. Resident/family/whānau and enduring powers of attorney (EPOA's) satisfaction surveys include cultural needs, with satisfaction noted. Management and staff have all completed cultural training (refer subsection 2.3).</p> <p>The home previously had an established relationship with a representative from the local iwi however this resource is no longer available. Management has approached Health New Zealand for additional kaumatua support without success. This is an ongoing discussion at aged residential care management meetings in Taranaki. There is a kaumatua residing at Timandra who has been able to provide some cultural support.</p> <p>The FM reported they support a Māori workforce through an equitable</p>

		recruitment process and equal employment opportunities. There is a wide range of culturally diverse staff who demonstrated their understanding of tikanga and commitment to ensuring the cultural needs of residents are met.
<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>	FA	The Pacific Health Plan aligns with national strategies, acknowledges Pacific world views, spiritual beliefs, and models of health. The strategic plan include equity and reducing barriers to access. There were currently residents who identified as Pacific. The FM provides equitable employment opportunities for Pacific peoples and is actively facilitating connections with the Pacific community. This includes attendance at networking groups. Resident/family/whānau and EPOA's satisfaction surveys include cultural needs, with satisfaction noted. Management and staff have all completed cultural training.
<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>	FA	<p>Posters outlining the Code of Health and Disability Services Consumers' Rights (the Code) were displayed in English, te reo Māori, and New Zealand Sign Language in prominent areas of the facility. Staff training on the Code is provided during orientation and on an ongoing basis. This was confirmed through staff file samples and interviews. Staff were able to describe how they apply residents' rights in daily care.</p> <p>Information on the Nationwide Health and Disability Advocacy Service and pamphlets on the Code are included in admission packs and were available at the main entrance. Residents and family/whānau were aware of the Code and independent advocacy services. They stated that care is provided in a way that respects their rights and reported that the environment is welcoming and homely.</p> <p>Residents' rights are incorporated into the satisfaction survey process. Records reviewed from recent surveys indicated high levels of satisfaction with services, including respect for rights (refer criterion 2.2). Māori mana motuhake is upheld as guided by the Māori Health Plan (refer subsection</p>

		1.1).
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Residents' values, beliefs, cultural identity, religion, disabilities, gender, sexual orientation, relationship status, and other social characteristics are identified and documented as part of the admission assessment process. Residents/family/whānau and EPOA's confirmed they were consulted regarding individual values and beliefs and reported that staff respected these preferences. Observations confirmed staff maintained residents' privacy, respected personal spaces, and communicated in a respectful manner. Residents are supported to maintain independence as much as possible. They can choose to participate in preferred activities and perform personal cares where able.</p> <p>Te reo Māori and tikanga Māori are actively promoted and integrated across the service through the activities programme. Signage and information in te reo Māori was posted around the facility. Staff have completed training on cultural safety, equity, and Te Tiriti o Waitangi (refer subsection 2.3). Tangata whaikaha needs are assessed and responded to appropriately, and participation in te ao Māori is supported where required. Family/whānau/EPOA's described staff as warm and welcoming and confirmed that cultural and individual values are upheld in practice.</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>	FA	<p>Professional boundaries, staff code of conduct, and the management of misconduct, discrimination, and abuse or neglect are covered during staff orientation, in ongoing staff training and documented in the employee handbook. Staff demonstrated an understanding of professional boundaries and described the procedures they would follow if they suspected or witnessed abuse, neglect, or exploitation. Professional boundaries are defined in job descriptions. Family/whānau/EPOA's stated staff behave in a professional manner and observe professional boundaries. Resident who were verbal stated that staff were very nice to them. A holistic approach to care, incorporating te whare tapa wha health model, has been implemented to support wellbeing outcomes for Māori when required.</p>

		<p>Policies and procedures on elder abuse and neglect outline safeguards to protect residents from harm. Systems in place include a documented complaints management process, regular residents'/whanau meetings, and satisfaction surveys. These processes also support protection against victimisation, institutional and systemic racism. Family/whānau/ EPOA's confirmed they had not witnessed or suspected any discrimination, racism, or abuse and were aware of the procedures for reporting concerns if required. Police checks are completed as part of the employment process. The organisation has implemented a process to manage residents' comfort funds. Residents' property is recorded and labelled at admission to prevent loss.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</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>Residents, with the support of whānau/EPOA's receive information to support informed decision-making. Opportunities to discuss concerns are provided during admission and in ongoing review meetings. Documentation in resident records confirmed involvement of external agencies, and referrals where required.</p> <p>Family/whānau and EPOA's stated they were kept well informed about changes to their relative's health status, including incidents, accidents, medical reviews, and general updates. Records of communication via phone and email were maintained. Staff demonstrated understanding of open and effective communication principles, which are outlined in policies and procedures consistent with the Code. Information is primarily provided in English, with interpreter services accessed when needed. Written information and verbal discussions are used to enhance communication with residents, family/whānau, and EPOA's. Residents have access to the internet, and they can use the facility phone as needed. Staff were observed using a variety of communication techniques when interacting with the residents.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If</p>	<p>FA</p>	<p>Best practice tikanga guidelines relating to consent are documented and implemented. Informed consent is obtained on admission and documented in residents' files. Admission agreements and consents were</p>

<p>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>signed by EPOA's. Signed documentation was sighted in all records resident records sampled. Advance directives for resuscitation were present in residents' files. EPOA's for residents were activated. Activation letters were available in residents' records sampled for review.</p> <p>Staff were observed seeking consent before providing daily cares. Family/whānau, and EPOA's confirmed they are provided with sufficient information and are actively involved in decision-making regarding care. Residents are offered a support person through national advocacy services when required. Communication records sampled confirmed inclusion of support people where appropriate.</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 management process aligns with current consumer legislation and is linked to the quality and risk management system. The process is equitable for Māori. Information regarding the complaints process is available in te reo Māori and English. Complaint information is displayed. Residents/family/whānau/ EPOA's are provided with complaint information on entry and reported they understood the process. Family/whānau/ EPOA's knew who to talk to in the event they wanted to make a complaint and were aware of National Advocacy Services.</p> <p>A complaints/compliments register is maintained. This includes both verbal and written complaints. There had been one formal complaint, sent to Health New Zealand in May 2025. The complaint was fully investigated and closed. The complainant was not satisfied with the outcome and forwarded the complaint to the Health and Disability Commissioner (HDC). The required investigation records and corrective actions were forwarded to the HDC in September 2025. At the time of the audit, there had been no response from HDC. Details regarding the complaint were communicated to staff, the management team, and the directors (refer criterion 2.2 for further details).</p> <p>Residents/family/whānau/EPOA's are encouraged to share any day to day concerns they have with staff or management. This was confirmed by residents/family/whānau stating the FM was readily available and responsive to all concerns.</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>Brooklands Care on Timandra is owned by Brooklands Elder Care Limited, incorporated March 2025 and purchased May 2025. The ultimate holding company is Sentinel Group Investments Limited. The facility is situated in New Plymouth and is certified to provide dementia level care for up to 28 residents. There were 19 residents on the days of the audit.</p> <p>There are two directors, both of whom have governance experience in the aged residential care sector. The directors own another aged residential care facility in New Plymouth called Brooklands Rest Home and Memory Care. The two sites work closely together, sharing management resources, staffing, and the quality and risk management system. A director confirmed their commitment to the principles of Te Tiriti o Waitangi and has completed relevant education. Māori representation at a governance level has been delegated to the management team. The management team confirmed their commitment to providing equitable services for Māori (refer subsection 1.1) and tāngata whaikaha. Working practices are holistic and inclusive of tikanga. Members of the management team have completed an external Te Tiriti o Waitangi training day in February 2026.</p> <p>Responsibilities for quality risk management, clinical governance and compliance to health and disability legislation, standards and guidelines have been delegated to an external consultant. The consultant agreement with the directors confirmed the provision of clinical and quality/risk governance, advise, accountability and supporting an environment of clinical excellence. The external consultant is a registered nurse with a current practicing certification and has a compliance background.</p> <p>The FM manager (FM) is onsite Monday-Friday business hours and has a background in human resources and hospitality. The FM is supported by the Brooklands Rest Home and Memory Care operations manager, the Brooklands clinical leader/registered nurse and a senior health care assistant (HCA) who is the health and safety representative for both sites.</p> <p>Directors call the FM every week and visit the rest home once per month. The director confirmed their commitment to develop a more formal meeting minutes process, however in the interim the FM maintains their own records of discussions with the directors. Discussions are focused on required resourcing, financial reporting, strategic direction and outputs such as resident numbers and staffing. The Strategic Plan 2025-2026</p>
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		<p>includes the mission, values, and goals for ensuring services are affordable, equitable, accessible, resident focused, financially sustainable, promote growth and maintain legislative/regulatory requirements. The focus is on stabilising the business, imminent sector pressures, and risks, maintaining a skilled workforce, learnings from Covid-19 and infection prevention activities and developing strong service delivery models. The vision includes delivering quality services and being inclusive of culture.</p> <p>There are eight double rooms, so full capacity is 28, however the preference is to leave these rooms at single occupancy and not exceed 20 residents. All residents were on the age-related residential care contract (ARRC).</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>There is a documented quality and risk management systems. Policies and procedures were reviewed for this audit. Clinical policies aligned with best practice and were reviewed by the clinical leader. Policies were last reviewed in May 2025 and remain current. A document control process was in place.</p> <p>There is a Quality and Risk Management plan 2025-2026. Quality objectives align with a continues improvement model, effective decision making, are research based and include supplier reviews and staff involvement. The risk management policy is current with the level of risk being allocated using likelihood and consequence. A current risk matrix was sighted. Mitigation strategies were in place. The incident and accident/adverse event reporting system is linked to the risk management process.</p> <p>A health and safety system is in place. Health and safety is discussed at all meetings and is a standard agenda item. The health and safety representative has completed the required New Zealand Qualifications Authority Unit Standard 29315. The health and safety representative works across both Brooklands sites, conducts relevant orientation for all new staff and provides ongoing emergency training. There was a current hazard register. The FM completes a full round of the facility each morning to assess for any new hazards or environmental issues and uses</p>

		<p>a mobile phone application to communicate any issues to staff.</p> <p>A range of internal audits are routinely completed. There is an annual internal audit scheduled. The schedule covers the scope of the management system. Internal audit records sampled confirmed corrective actions were followed up and implemented (refer continuous improvement in criterion 2.2.2).</p> <p>Quality related data is gathered and shared at staff meetings. Collated quality related data included clinical indicators (falls, medication errors, infections, skin tears/wounds, complaints, and restraint); health and safety; updated resident information; service information such as cleaning, housing, and laundry; infection prevention; emergency preparedness; complaints/compliments; internal and external audits; adverse events and staff education. Ethnicity data is linked to benchmarking data. Cultural safety is embedded in the quality system to ensure staff can deliver high-quality health care for Māori. The management/clinical team complete a monthly clinical and quality update that is presented at the monthly management meetings. Registered nurse and staff meetings were regularly. Records of meetings were sighted.</p> <p>Annual resident and family/whānau surveys are completed. Results of the 2026 resident/family/whānau/ EPOA's satisfaction surveys demonstrated an improvement in overall satisfaction with the services being provided (refer continuous improvement in criterion 2.2.2).</p> <p>All incidents and accidents are collated in the electronic management system. Records of incidents sampled confirmed appropriate immediate actions, corrective actions, follow up and system learnings. A monthly summary is provided against each clinical indicator. Results are discussed in meetings and at handover. The adverse event reporting system aligns with the National Adverse Event policy. The FM confirmed their awareness of reporting requirements to external authorities. Since the last audit there was one section 31 notification to the Ministry of Health regarding the Medimap outage.</p>
Subsection 2.3: Service management	FA	Rostering requirements are defined and align with the Aged Residential

<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>Care funding agreement. There are three registered nurses. The clinical leader is an experienced registered nurse, interRAI competent, has additional qualifications in dementia and is on site Monday – Thursday business hours. The other registered nurse is on site Thursday and Friday and is currently completing the interRAI training. The clinical coordinator from the other site provides additional time on site when needed. Both the clinical leader and clinical coordinator nurses, and the management team share on call duties.</p> <p>There are two health care assistants (HCA's) on each shift. This includes a dedicated senior HCA. In addition, the activities coordinator is on site 10am-3pm four days per week. The activities coordinator is supported by the Brooklands diversional therapist. A cleaner is on site 8am – 1230pm seven days per week. HCA's complete laundry duties. A maintenance person works across both sites.</p> <p>The current roster was sampled. Rosters are developed by the FM and the clinical leader four weeks in advance. There was evidence staffing numbers remained stable in the event of any unplanned absences. Staff are able to swap shifts if approved by the FM and clinical leader. A medication competent healthcare assistant was on each shift. Staff confirmed their workload was manageable, they were well supported and that management provided a positive work environment.</p> <p>Healthcare assistants (HCA's) were supported to obtain NZQA qualifications in Health and Wellbeing, and the additional dementia training. There were nine HCA's in total. This included eight with a level four qualification, one with level two and two who have the additional dementia training (senior HCA's). The seven who had not completed the additional dementia training were currently enrolled and working towards it. One of the HCA's also has a New Zealand obtained bachelor's degree in psychology.</p> <p>There is an annual education and competency programme. The routine schedule covers requirements. For example, medication administration, cultural awareness, infection prevention, emergency management, dementia, de-escalation, and challenging behaviours. The requirements for cultural competencies were included in the Māori Health Plan. Staff are required to complete an online Te Tiriti o Waitangi training. This includes Māori models of health, social determinates of health and equity. Staff confidently described their learnings and how they can be applied in</p>
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		<p>day-to-day practice and interactions.</p> <p>Over the last year a wide range of additional education has been provided by an external clinical educator. This has been focused on clinical practice such as wound care, pressure injuries, administration, monitoring of 'as required' medication and early warning signs. Palliative care and end of life training was also provided in August 2025. All registered nurses have a current syringe driver competency. Records of staff training confirmed 90-100% attendance at mandatory training.</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>The human resource (HR) system aligns with employment legislation including equal opportunities. Staff files sampled confirmed the required documentation including employment agreements, position descriptions, police checks/criminal vetting, reference checks, validated qualifications, work visa's, orientation, training, and performance reviews. There was a 30% staff turnover following the March 2025 purchase with some new staff being recruited from overseas, with international nurses transferring to a New Zealand registration. These staff have come through a recruitment organisation who validates the required criminal vetting and references. Position descriptions include accountabilities and responsibilities for each role. All staff employed as a registered nurse had a current practicing certificate. NZQA certificates for HCA's were sighted, as were the qualifications for the diversional therapist. The FM completes the majority of performance reviews and accesses external health professional support for reviewing the performance of the registered nurses.</p> <p>The orientation programme includes the essential components of service delivery and is role specific. A buddy system is used. Completed orientation records were sighted. Staff confirmed the orientation programme provided them with sufficient information and that they were included in all discussions/debriefs following an incident or event.</p> <p>Staff records were maintained in hard copy and spreadsheets. Files were kept securely in the FM's office. All files were well maintained with current and accurate information. Ethnicity data is identified, and an employee ethnicity database is available and used in line with health information</p>

		standards. A copy of individual passports is maintained for all international staff.
<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>Resident's records are maintained in both hard copy and electronic entries. Referrals, assessments, and care planning is held electronically. Daily observations, and any documents requiring signing by the family/whānau/ EPOA's are maintained in hard copy. All records are held securely and maintained in a confidential manner as per privacy legislation. The electronic system is password protected. There was no resident information displayed or accessible to unauthorised persons.</p> <p>Policies guide the requirements of clinical records. Records sampled were legible, dated and signed by the writer, including designation. The registered nurses review all HCA's entries. Records were traceable and integrated. Electronic records are backed up using cloud-based technology, ensuring access from several locations if needed. The clinical leader is the privacy officer.</p> <p>Archived hard copy records were securely and safely stored within the building. The archiving area is dry and included in the fire/sprinkler system. Files are boxed by date and name and were easily retrievable. The organisation is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care.</p>	FA	<p>Entry criteria for Brooklands Care on Timandra are clearly outlined in the information pack. Admission into the facility is managed by the clinical leader who is a registered nurse and the FM. Prospective residents, whānau or EPOA's are encouraged to visit the facility prior to admission. Information about the service is provided to support informed decision-making. Whānau/ EPOA's stated they received the information pack and received sufficient information prior to and on entry to the service. Residents are admitted only after the required level of care is assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) service and authorised by a psychogeriatrician.</p>

<p>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>Policies and procedures specify processes for communicating decisions when entry is declined. The service-maintained records of all enquiries and routinely analyses entry and decline data monthly, including specific rates for Māori. Māori cultural advice sought if available (refer subsection 1.1).</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The RNs and the clinical lead complete nursing admission assessments, care plans, and care plan evaluations. Initial assessments reviewed were completed within 24 – 48 hours of admission. The organisational initial assessment tool utilised, considers residents’ lived experiences, falls risk, pressure injury risk, continence, cultural needs, values, and beliefs. At the time of the audit the service was in the process of transitioning to an electronic information management system. Initial nursing assessments were completed electronically from February 2026, before this period a paper-based initial assessment form was used.</p> <p>InterRAI assessments were completed within three weeks of admission, and long-term care plans were developed within the same timeframe. Care planning incorporated information from InterRAI assessments, referral documentation, observations, and NASC assessments. Residents and whānau, where applicable, participated in assessment and care planning processes.</p> <p>Electronic long - term care plans were completed for newly admitted residents, and the rest of the residents were still using the paper-based care plans. The long-term care plans sampled identified residents’ strengths, goals, and aspirations aligned with individual values and beliefs. Early warning signs and potential risks to wellbeing were documented, along with strategies for mitigation. Systematic monitoring and evaluation of care plans occurred six-monthly or more frequently as clinically indicated. Care plan evaluation recorded the degree of progress towards achievement of agreed goals of care. Te Whare Tapa Wha model of health is used to ensure tikanga and kaupapa Māori principles inform care delivery and supported Māori residents in achieving pae ora outcomes when required. Strategies were in place to identify and address barriers to equity for tāngata whaikaha and whānau, including access to cultural support when required. Short- term care plans were developed for acute conditions with regular evaluation completed and plans signed off</p>

		<p>when conditions resolved.</p> <p>Behaviour management plans were developed for all residents including known triggers, early warning signs and de-escalation strategies to manage the behaviours identified. Behaviour monitoring charts were completed as needed.</p> <p>The nurse practitioner (NP) provides medical services weekly and provide after hours on call services. The NP stated that established processes inform the nurse practitioner of concerns or changes in a timely manner. An ISBAR communication tool is used to contact the NP. Medical assessments were completed by the NP, with routine reviews every three months or sooner as indicated. Records confirmed timely escalation of health changes to the NP. The NP expressed satisfaction with the standard of care provided and confirmed that medical instructions were consistently followed. The NP expressed satisfaction with communication from the nursing team, care provided to residents and satisfaction with the competency of the current clinical leadership team.</p> <p>A range of equipment and resources suited to the level of care provided was available. Residents and whānau confirmed involvement in care evaluation and expressed satisfaction with the standard of care provided.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme is led by a qualified diversional therapist (DT), supported by an activities coordinator and an activities assistant. The activities coordinator is undergoing diversional therapy training. The DT completes the activities assessments for all residents and develop activities plans. Residents' activity needs, interests, and social requirements are assessed on admission with input from residents and whānau/EPOAs. A monthly activities calendar is developed and displayed on notice boards around the facility.</p> <p>A mix of individual and group activities are provided, reflecting residents' goals, cultural needs, and ordinary patterns of life. The programme includes community involvement, visiting entertainers, national and international day celebrations, and cultural events such as Waitangi Day, Matariki, Americana day, ANZAC Day celebrations. Māori language week is observed. Residents are supported to participate in te ao Māori activities. Whānau participation in activities sessions is encouraged, and</p>

		<p>residents are supported to attend outings into the community through van outings, walks, and family outings. Some activities are resident led with the support of the activities team.</p> <p>Paper-based 24 - hour resident meaningful activity plans were developed for all residents. The DT is in the process of transitioning the activity plans to the electronic system. Residents were observed accessing the secure gardens safely. Activities are tailored to meet the needs of the residents. Activities are also offered at times when residents are most physically active and/or restless. The activities coordinator provides one on one activities such as reminiscing, walks, memory games, puzzles and assisting residents with their artwork for residents who cannot participate in group activities. Some residents had personal artwork displayed in their rooms.</p> <p>Activities attendance records are maintained, and residents' activity needs are reviewed six-monthly alongside interRAI assessments and care plans. Feedback is sought through residents' meetings and satisfaction surveys. Residents were observed participating in a variety of activities during audit and confirmed they find the programme enjoyable and meaningful.</p>
<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>The medication management policy complies with current legislation and guidelines. Medicines are administered using an electronic system. A paper-based medication management system was used at the time of medi-map outage. Observation of a senior healthcare assistant administering lunchtime medications confirmed adherence to safe practice, with the staff demonstrating knowledge and understanding of their roles and responsibilities at each stage of medication administration. All staff responsible for medication administration had current competency assessments.</p> <p>Medications are supplied in pre-packaged formats by a contracted pharmacy. Medication reconciliation is completed by the RNs on delivery of new packs and following residents' return from acute services. Pharmacist support is available on request. Medicine was stored securely in locked medication rooms and locked trolleys. Standing orders are not used. Controlled drugs are stored securely, and the controlled drug</p>

		<p>register showed evidence of weekly and six-monthly stock checks. All medications sighted were within expiry dates. Opened eyedrops were dated. Temperature records for medication storage rooms and fridge were within the recommended range. Medication incidents are documented. Investigations were completed and corrective actions implemented as required.</p> <p>Three-monthly medication reviews are consistently completed by the NP. Review of ten prescription charts confirmed appropriate prescribing practices by the NP, including documentation of over-the-counter medicines, supplements, and allergies where applicable. The NP confirmed that culturally appropriate advice and treatment options are provided for Māori when requested. Residents and whānau are supported to understand their medications by the NP and the clinical team when required.</p> <p>At the time of audit, there were no residents self-administering medications. The clinical lead stated that self-medication administration is not encouraged in this facility due to residents' medical condition, cognitive impairment and safety risks.</p> <p>Medi-map Outage</p> <p>The service has been affected by Medi-map outage. The contracted pharmacy provided the service with medication scripts for all residents. The service used the scripts until the Medi-map function was restored.</p> <p>A section 31 notification was completed for Medi-map outage. The clinical coordinator stated that paper-based medication scripts will be printed monthly and when there are updates to residents' medication to ensure current versions are available for emergencies. This was documented in the corrective action plan sighted. There was no medication adverse event reported at the time of the outage.</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</p>	<p>FA</p>	<p>Residents' dietary requirements are assessed on admission in consultation with the resident and whānau or EPOAs. Residents' personal food preferences, food allergies, intolerances, any special diets, cultural preferences, and modified texture requirements are recorded on the nutrition plan. A nutritional requirements form is completed and shared</p>

<p>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>with kitchen staff, and any special requirements are accommodated in daily meal plans.</p> <p>Meals are prepared off site (at a sister facility owned by the same company), by the cooks from Monday to Sunday. The meals are transported by car from the main kitchen to Brooklands Care on Timandra in insulated boxes. The menu operates on a four-weekly cycle. The menu was reviewed by a registered dietitian in August 2025. Residents who choose not to go to the dining room have meals delivered to their rooms.</p> <p>The service operates with an approved food control plan, valid until 25 June 2026. A food verification audit was conducted on 5 March 2026. Food temperatures are monitored before meals are served and recorded in accordance with the food control plan. Observations during the audit confirmed the kitchen environment was clean and staff followed appropriate infection prevention and control measures during food service.</p> <p>Residents’ weight is monitored monthly, and interventions, including the provision of nutritional supplements, are implemented as required. Cultural considerations are incorporated, with Māori-specific menu options provided when required and during Māori cultural celebrations. Snacks and fluids are available 24 hours a day for residents. Residents and whānau can be involved in food preparation as part of the activities programme.</p> <p>Mealtime observations confirmed residents received appropriate assistance and were supported to eat in an unhurried manner. Residents and whanau/EPOAs expressed satisfaction with the meals provided.</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</p>	<p>FA</p>	<p>The service has a transfer and discharge policy that guides staff practice. Transfers and discharges are conducted safely in consultation with residents, whānau /EPOAs. A transfer form is completed to ensure continuity of care, and verbal handovers are provided to the receiving services. Residents requiring acute or emergency care are transferred to the emergency department via ambulance. Records reviewed showed that risk mitigation strategies were included, and residents are supported throughout the transfer process. Referrals to Kaupapa Māori agencies and other health and disability service are offered when indicated or</p>

<p>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>requested. Records and interviews verified that residents and whānau were informed of the referral process and the reason for transfer or discharge.</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>PA Low</p>	<p>The building warrant of fitness expires May 2026. The facility is divided into two residential wings, with a central administration area, kitchen, laundry, and lounge/dining area. Bedrooms are sufficient in size to accommodate personal belongings and equipment. There are eight double rooms, however all of these are single occupancy. Corridors are wide and have handrails. Furniture and fittings are well maintained and appropriate to meet the needs of residents. There are a sufficient number of toilets and bathing facilities. Each bedroom has a hand basin and plenty of natural light. Flowing soap, hand gel dispensers, and paper towels are installed in all areas. Staff and visitor toilets are also available. There are sufficient storage areas and a dispensary. Equipment and mobility aids are stored safely and out of the way and away from any egress. The grounds are secure with key pad entry. There is sufficient and safe outdoor areas. Walking paths are designed to promote purposeful walking outside.</p> <p>Maintenance requests are logged and followed up in a timely manner. Urgency ratings are used. Not all testing and tagging was current (refer criterion 4.1.1). Additional routine maintenance includes resident's equipment checks, call bell checks, and monthly testing of hot water temperatures. The calibration of medical equipment is completed by an external provider and was current. The FM reported that essential contractors, such as plumbers and electricians are used as required. There is a current hazard register which is discussed at meetings. A range of environmental internal audits are completed.</p> <p>General living areas and all resident rooms are appropriately heated and ventilated. All rooms have external windows that allows plenty of natural sunlight. Residents and their families/whānau/EPOA's are encouraged to personalise their bedrooms as sighted on the day of the audit. Family/whānau/EPOA's confirmed the bedrooms are personalised according to the residents' individual preferences. Personal decorations include those of cultural significance. Signage is displayed in a number of</p>

		<p>languages, including te reo Māori. Satisfaction surveys include satisfaction with the environment. There is no plan to change the design of the facility, however management are aware of their responsibilities to consider co-design if changes are proposed.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The approved evacuation plan was dated November 2022. There have been no structural changes made to the facility since. Evacuation and emergency procedures are documented. This outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. Emergency evacuation drills are conducted every six months. Fire equipment is located throughout the facility including smoke alarms, sprinklers, and fire hoses. Emergency exits are identified. The health and safety representative conducts staff receive training on emergency procedures during orientation, and in an ongoing manner.</p> <p>Residents/family/whānau/EPOA's are also given information regarding emergency procedures and evacuation processes.</p> <p>The call bell system is routinely checked. All bedrooms and bathrooms have a call bell. Residents and families/whānau/EPOA's confirmed that call bells are answered in a timely manner. All registered nurses have a current first aid certificate and are rostered on every shift.</p> <p>Essential supplies and utility sources are available in the event that the main energy supply fails. The organisation has an agreement with a local generator supplier in the event the power supply is interrupted. There is emergency lighting. A sufficient supply of water is stored. Additional food supplies were sighted. There is a BBQ and filled gas cylinder and gas cooking in the kitchen. Civil defence supplies are well stocked including first aid kits, personal protective equipment, torches, and batteries.</p> <p>The facility is secure. There are CCTV cameras in common areas and security lighting outside. External doors are alarmed. Staff complete security checks every night by checking all windows and doors. All staff wear a uniform and name badge. There have been no events relating to security. All visitors are required to sign the visitors/contractors book on</p>

		entry and exit.
<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>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programme is linked to the quality and risk management plan. The IP and AMS programmes are designed to improve quality and ensure safety of residents, whanau, and staff. Expertise and advise on infection prevention is sought following a defined process which include advise on significant infection events sought from Te Whatu Ora, the NP and a quality consultant. A documented pathway supports reporting of progress, issues, and significant infection events to the governance body. Reporting of infections to the governance body and senior management is through monthly reports and management meetings. A stepwise approach to risk management was adopted and appropriate staff support is provided by the clinical lead and the clinical educator. Outbreaks are escalated in a timely manner.</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 clinical lead is the nominated infection control coordinator (ICC). The infection control coordinator's role, responsibilities and reporting requirements are defined in the infection control coordinator's job description. The ICC has completed external education on infection prevention and control within the past year. They have access to shared clinical records and residents' diagnostic results through the NP.</p> <p>The implemented IP programme is clearly documented and was developed with input from external infection prevention and control expert. It is appropriate for the size and setting of the service. Reporting lines to the senior management are documented. The ICC reports to the facility manager and the clinical lead. The IP programme was approved by the governance body and is linked to the quality improvement programme. Annual review of the IP programme was completed. The IP policies reflect the requirements of this standard and include appropriate referencing.</p> <p>Infection prevention audits were conducted regularly. Relevant corrective actions were implemented where required. Staff reported that they are informed of infections and audit outcomes in staff meetings. Any new</p>

		<p>infections are discussed at shift handovers for early interventions to be implemented.</p> <p>The pandemic and outbreak management plans in place are reviewed at regular intervals. Sufficient stock of IP resources including personal protective equipment (PPE) were sighted. The IP resources are readily accessible to support the pandemic response plan.</p> <p>The clinical lead has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received education in IP at orientation, through ongoing annual education sessions and additional education provided when required. Education with residents is on an individual basis. This included reminders about handwashing. This was confirmed in interviews with residents and whānau.</p> <p>The ICC is responsible for procurement of the required equipment, devices, and consumables. There is a clear process for early consultation and involvement from the IP personnel or committee during the design of any new building or when significant changes are proposed to an existing facility. At the time of the audit there were no planned changes as reported by the ICC.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Cleaning schedules were available to evidence this. Single-use medical devices are not reused.</p> <p>Staff were observed following appropriate infection control practices such as use of hand-sanitisers, effective hand-washing technique and use of disposable aprons and gloves. Hand washing facilities were readily available around the facility.</p> <p>Culturally safe practice in IP protocols was included in the cultural safety guidelines. Hand hygiene infection prevention educational material in te reo Māori was posted around the facility.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to</p>	<p>FA</p>	<p>The antimicrobial stewardship programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the</p>

<p>responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>governance body. Responsible use of antimicrobials is promoted. Monthly records of infections and prescribed antimicrobial treatment were maintained. Effectiveness of antimicrobials used is monitored by short-term care plans that are evaluated regularly. Annual evaluation of the AMS programme is completed.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. National surveillance programmes and guidance is applied when required. The infection surveillance policy includes surveillance methods, tools used to collect infection data, assignment of responsibilities and standardised surveillance definitions used. Infection data is collected, monitored, and reviewed monthly. The data is analysed, and action plans are implemented when required. All healthcare-associated infections (HAIs) are monitored by the ICC and monthly statistics are discussed in staff meetings and senior management meetings and reported to the governance body in monthly reports. Verbal handover is given to staff at shift handovers for early intervention when new infections are identified. Infection surveillance information includes ethnicity data.</p> <p>Residents and whānau were advised of identified infections where required in a culturally safe manner. This was verified in interviews with residents and whānau. There is no infection outbreaks reported since the previous audit.</p>
<p>Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p>	<p>FA</p>	<p>Cleaning and laundry processes follow strict infection prevention guidelines and are routinely monitored. There are additional policies for cleaning and laundry in the event of an outbreak. The IP coordinator and FM and provided oversight regarding the purchase of all equipment. Biochemical waste is removed in a safe and sanitary manner. There is clear clean and dirty separation in the laundry with industrial washing machines and a dryer. Cleaning trollies are safely stored. Chemicals are dispensed through a closed-circuit system and decanted into labelled</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>containers. Material data sheets are available. There are sufficient supplies of personal protective equipment and hand sanitisers. Training for HCA's and the cleaners regarding chemical use, cleaning and laundry is provided by the external chemical provider. Domestic waste is removed by the local council.</p> <p>Cleaning and laundry process are monitored through the internal audit system. Satisfaction surveys include cleaning and laundry, and resident meeting minutes confirmed that any related concerns are followed up in a timely manner.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. Management demonstrated their commitment to this through the approval of the documented policies and implemented processes. The clinical leader is the restraint coordinator.</p> <p>Restraint is discussed in management, nurse, and staff meetings regularly. There are processes in place to ensure that the type and frequency of any restraint (if required) would be reported to governance, and that analysis would occur to monitor and ensure the health and safety of residents and staff. Policies and procedures include the voice of Māori to ensure the restraint process meets cultural requirements.</p> <p>At the time of the audit, no resident was using a restraint. This has been the case since the previous audit. If a restraint were considered appropriate it would be a last resort when all alternatives have been explored. Staff reported, and documentation evidenced, that staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, challenging behaviours, and de-escalation techniques. Behaviour management plans were implemented where applicable including regular monitoring for residents who are at risk of falling. Sensor mats were in use.</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 4.1.1</p> <p>Buildings, plant, and equipment shall be 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.</p>	PA Low	<p>Brooklands employs a maintenance person who works Monday to Friday across both sites. The maintenance person is certified to conduct electrical testing and tagging. There was no current list of all the electrical equipment which requires routine testing and tagging, and the majority of tags sighted were not current. A low risk level has been allocated given that those sighted were due around for testing and tagging around February 2026.</p>	<p>The process for conducting electrical testing and tagging does not ensure all the required tests are current.</p>	<p>Improve the process for conducting electrical testing and tagging.</p> <p>30 days</p>

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 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>Comprehensive quality improvement activities were developed and implemented following the complaint made in May 2025 (refer subsection 1.8). A continuous quality improvement process was utilised. The corrective action plan was developed in June 2025, with progress towards implementation reviewed in July 2025, August 2025, September 2025, January 2026 and March 2026. Records of all actions and reviews were fully documented and sampled. Corrective actions included a critical clinical analysis of the rate and type of infections; potential infection causes and environmental issues; additional clinical expert training for staff including identification of early warning signs (DEWS), skin care and wound management; a full analysis of infection prevention practices; reviewing timely and appropriate clinical interventions; additional clinical oversight for nurses and health care assistants; management oversight, the activities programme; care planning, observations and reporting requirements. Following the complaint the Brooklands clinical leader (previously based at the other Brooklands facility) was placed full time at Brooklands Care on Timandra and a full time facility manager was employed.</p>	<p>Continuous quality and clinical improvement activities have improved outcomes for residents.</p>

		<p>Quality and clinical related outcomes from before the complaint (2024-2025) until the time of the audit demonstrated significant improvements in infection rates, the environment, satisfaction surveys, staff awareness and engagement and an increase in referrals. For example, the 2026 satisfaction survey resulted a 98% 'extremely satisfied' satisfaction rate as opposed to 75% 'somewhat satisfied' in 2024. The number of documented compliments had increased to 19 since June 2025, with fewer compliments captured in the 2024-2025 period. Staff attendance at training was currently 100%, with the low number of staff attending training identified as a non-conformance at the last audit. Infection prevention practices had improved, and a reduced rate of infections was evident. Surveillance data from the June 2025 included nine skin infections with three residents who had a highly contagious bacterium and one with who carried an antibiotic-resistant bacteria, and a number of residents had scabies. Following a recent full review/critical analysis of all infection prevention practices the number of infections had reduced, with two unrelated infections in March 2026 (one was hospital acquired and the other recurring) and one ongoing case of the antibiotic-resistant bacteria. Residents and family/whānau/EPOA's were highly complimentary about the significant improvements which had occurred over the last eight months, including better communication, and environmental improvements.</p>	
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End of the report.