

The Ultimate Care Group Limited - Alden Kensington Court

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:	The Ultimate Care Group Limited	
Premises audited:	Alden Kensington Court	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
Dates of audit:	Start date: 18 February 2026	End date: 19 February 2026
Proposed changes to current services (if any):	None	
Total beds occupied across all premises included in the audit on the first day of the audit:	57	

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
Yellow	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
Red	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

Alden Kensington Court is part of Ultimate Care Group Limited. In 2025, the company undertook a rebranding process and now trades under the name “Alden”. Alden Kensington Court is certified to provide rest home and hospital-level care for up to 81 residents. At the time of audit, there were 57 residents.

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

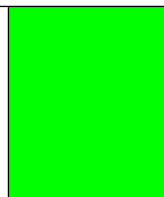
The Ultimate Health Care Group has an established clinical governance framework at the group level, with clear governance oversight and defined reporting lines between facility management and the head office. The facility manager has been in her current role for over two years and is supported by the clinical services manager. Resident and family/whānau feedback has been positive, as confirmed through interviews and the results of annual satisfaction surveys.

The previous audit finding around emergency management has been addressed.

This audit identified gaps in compliance relating to staff first aid certifications; staff performance appraisals; timeframes for care plan development and review; timeframes for interRAI assessments; and aspects of medication management.

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.

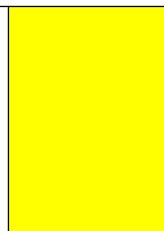


Subsections applicable to this service fully attained.

Alden Kensington Court demonstrates a strong commitment to culturally safe practice, upholding the principles of Te Tiriti o Waitangi and implementing processes that aim to achieve equitable outcomes for Māori residents and their whānau. The cultural values, beliefs, and preferences of Pacific residents are acknowledged and respected. Consumer rights are upheld, with residents informed of their rights, treated with dignity and respect, and supported to participate in decision-making about their care. The complaints process is managed in accordance with the Code of Health and Disability Services Consumers' Rights.

Hunga mahi me te hanganga | Workforce and structure

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



Some subsections applicable to this service partially attained and of low risk.

There is business plan that outlines the organisation's mission, values, and key operational priorities, which are subject to regular review. Potential barriers to achieving health equity are recognised and addressed, with a focus on improving outcomes for Māori.

Comprehensive quality and risk management frameworks are in place, applying a risk-based methodology to support safe and effective services for residents and staff. Systems align with the National Adverse Event Reporting Policy, and management demonstrate awareness of, and compliance with, statutory and regulatory notification requirements. Internal audits are completed as scheduled, with documented follow-up and corrective actions where required.

Staffing and rostering processes are defined. A structured, role-specific orientation programme is in place for all new staff. A training programme supports ongoing learning and competency development.

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 partially attained and of medium or high risk and/or unattained and of low risk.
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Registered nurses assess residents on admission. The initial medical assessment is completed by the general practitioner within the required timeframe. The service works in partnership with residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. Care plans demonstrated appropriate interventions and individualised care.

The organisation uses an electronic medicine management system for prescribing, dispensing, and administration of medications. The general practitioner is responsible for all medication reviews. Medicines are stored safely and administered by staff who are competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. The service has an approved food control plan.

Transfers and discharges are managed in a safe 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 fully attained.
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The building has current warrant of fitness. There is a planned and reactive maintenance programme in place that is adhered to. All equipment has been tested, tagged, and calibrated as scheduled.


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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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Infection prevention management systems are in place to minimise the risk of infection to residents and visitors. The infection prevention programme is implemented and meets the needs of the organisation and provides information and resources for staff. Documentation evidenced that relevant infection prevention education is provided to staff as part of their orientation, and as part of ongoing in-service education programme.

Surveillance data is undertaken, including the use of standardised surveillance definitions. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Surveillance information is used to identify opportunities for improvements. There has been one outbreak recorded and reported on since the last 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.
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The governance body evidences a strong commitment to a restraint elimination approach. A current restraint policy is in place that reflects a restraint-free philosophy and is consistent with relevant standards and best practice guidance. At the time of audit, no residents were subject to restraint.

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	15	0	3	1	0	0
Criteria	0	45	0	3	2	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 action plan and cultural safety policies acknowledge Te Tiriti o Waitangi as a founding document for New Zealand. The policy encourages family/whānau involvement in assessment, care planning and all aspects of the service delivery.</p> <p>Alden Kensington Court respects the self-determination, cultural values, and beliefs of Māori residents and family/whānau. The service actively embeds partnership with whānau within all aspects of care delivery, recognising the central role of whānau in supporting wellbeing and upholding mana motuhake. Whānau are encouraged to participate in initial assessments, care planning, and ongoing reviews. This is evidenced during interviews with staff (three registered nurses, two caregivers, a cook, a chef, two cleaners, one maintenance person and two activities coordinators), the facility manager, regional manager, and the clinical services manager. Individual care plans for residents who identify as Māori reflect their individual needs, verified in a file reviewed.</p> <p>One Māori file reviewed showed that individual cultural needs, spiritual practices, and whānau involvement are recorded and incorporated into daily care delivery, reflecting recognition of mana motuhake. Whānau feedback mechanisms are in place, including regular communication, care conferences, and opportunities to provide formal and informal feedback.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The service promotes cultural safety for Pacific peoples by recognising and respecting their cultural values, spiritual beliefs, and family-centred worldviews. Care planning processes are designed to reflect individual cultural preferences, language needs, spiritual practices, and the involvement of extended family in decision-making. Open visiting practices and collaborative care planning support meaningful family participation. Staff receive cultural safety education and demonstrate awareness of culturally appropriate communication and care approaches.</p> <p>Although there were no Pacific residents at the time of the audit, policies, staff training, and established care planning processes demonstrate preparedness and capability to provide culturally safe and responsive care for Pacific peoples when required.</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>Alden Kensington Court demonstrates that residents' rights are understood, upheld, and actively promoted in accordance with the Code of Health and Disability Services Consumers' Rights (the Code). Information about residents' rights is provided on admission in both verbal and written formats, and residents and their representatives are supported to ask questions to ensure understanding.</p> <p>Information about independent advocacy services is readily accessible throughout the facility. Staff interviews confirmed that residents are actively encouraged to access these services if they wish. Evidence of engagement with advocacy services was confirmed through review of three-monthly advocacy meeting minutes, which document instances where independent advocates were involved to support residents. This demonstrates the organisation's commitment to upholding residents' rights and ensuring access to external support where required.</p> <p>Interviews with eight residents (three hospital and five rest home) and five family/whānau (two hospital and three rest home) confirmed they feel respected, listened to, and able to express their views without fear of reprisal. Staff interviews demonstrated understanding of residents' rights, including the rights to dignity, informed consent, privacy, effective communication, and to make complaints.</p>

		Documentation reviewed evidenced signed admission agreements, consent forms, and records of discussions regarding rights and responsibilities. Complaint processes are clearly outlined.
<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>The service has policies and procedures in place to ensure residents receive care and support that is free from discrimination, coercion, harassment, exploitation, abuse, or neglect. Staff complete training during orientation and through ongoing education around code of conduct; abuse prevention; recognising signs of neglect; cultural safety; communication; observation; and exception reporting. Interviews with staff demonstrated understanding of the service's zero tolerance for abuse and the obligation to escalate concerns promptly. Residents interviewed confirmed they feel safe, respected, and treated with dignity.</p> <p>Processes are in place to safeguard residents' property and finances. Personal belongings are documented on admission, and systems support secure storage of valuables where required. Interviews with resident and family/whānau confirmed that management of resident's funds is undertaken transparently with appropriate consent.</p> <p>Professional boundaries are reinforced through the code of conduct and employment agreements. Staff interviews confirmed awareness of maintaining appropriate relationships. There was no evidence of boundary breaches during the audit.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or</p>	FA	<p>Alden Kensington Court ensures informed consent is obtained in accordance with the Code of Health and Disability Services Consumers' Rights and organisational policy. Residents (or their enduring power of attorney where applicable) receive comprehensive information on admission about: services, fees, their rights, and written consent is obtained for care and treatment. Consent forms reviewed in resident files were appropriately completed and signed.</p> <p>Specific consent is obtained for procedures such as: medication administration, vaccinations, photographs, information sharing, outings, and resuscitation status. Where residents are assessed as having reduced capacity, evidence of enduring power of attorney documentation and</p>

<p>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>clinical assessments of capacity were sighted. Staff interviews confirmed understanding of the need to provide information in a manner the resident can understand, and to respect the right to decline treatment. Documentation reviewed demonstrated that informed consent discussions are recorded and reviewed as required, confirming compliance with the Code and organisational policies.</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. 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>Alden Kensington Court maintains a documented complaints management system consistent with the Code of Health and Disability Services Consumers' Rights. Information about the complaints process is provided on admission and is visibly displayed throughout the facility, including details of how to access external agencies such as the Health and Disability Advocacy Service.</p> <p>All complaints received are recorded in the electronic system. Complaints are primarily managed by the facility manager, with head office involvement where required. The complaints register reviewed evidenced that complaints are documented, acknowledged promptly, investigated, and resolved within expected timeframes. Records included the nature of the concern, actions taken, outcomes, and communication with the complainant. Where required, corrective actions had been implemented and monitored through the quality improvement process. All complaints have been addressed appropriately, with one complaint currently under investigation and progressing in accordance with policy timeframes.</p> <p>Since the previous audit, an anonymous complaint was submitted to the Ministry of Health, HealthCERT team. This was the only external complaint received during the period, and it has been investigated by the service and formally closed.</p> <p>Residents and family members interviewed confirmed they are aware of how to raise concerns and feel comfortable doing so. Staff interviews demonstrated understanding of their responsibility to escalate complaints and respond in a timely and respectful manner. Meeting minutes reviewed showed complaints and trends are discussed at the meetings, ensuring organisational oversight and continuous improvement.</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>Alden Kensington Court is part of Ultimate Care Group Limited, a New Zealand registered company established in 2007. In 2025, the company undertook a rebranding process and now trades under the name “Alden.”</p> <p>The facility manager has been in her current role for over two years and is supported by the clinical services manager, who has been in the position for approximately three years. A newly appointed team leader will provide additional support to the clinical services manager. The team also receives support from the head office, particularly through the regional manager.</p> <p>Alden Kensington Court is certified to provide rest home and hospital level care for up to 81 residents. Beds comprise of 24 rest home, 16 hospital level, and 15 dual purpose beds. Plus 24 rest home level studios/apartments and 2 dual purpose care suites. On the first day of audit there were a total of 57 residents: 20 receiving hospital level care and 37 receiving rest home level care. Residents include one resident at hospital level care in care suites with occupational rights agreements (ORAs), and five in the studio/apartments assessed as requiring rest home level care. All residents were funded through the Aged Related Residential Care Agreement (ARRC).</p> <p>Ultimate Health Care Group demonstrates an established clinical governance framework at group level, with oversight structures that support quality improvement, risk management, and regulatory compliance across its facilities. There is evidence of regular monitoring of key clinical indicators, internal audits, and reporting processes aligned with legislative and contractual requirements.</p> <p>Governance oversight is structured, with defined reporting lines between facility management and the head office. Policies and procedures are standardised across the organisation, providing consistency in clinical practice expectations.</p> <p>Evidence of local implementation of clinical governance was observed through the site-specific business plan and monthly reporting to governance level. Systems in reporting and monitoring mechanisms are established. The facility manager provides regular reports including: clinical indicators, risk management matters, and operational performance.</p> <p>Ultimate Care Group has a documented strategy plan incorporating their vision, mission, and values statements. The document has been reviewed</p>
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		<p>annually by the executive team and the Board. There is also a site-specific business quality and risk management plan which is reviewed three-monthly, and progress towards identified goals are documented.</p> <p>Alden Kensington Court has implemented robust systems to support quality and risk management structure with a wide range of information gathered to inform service delivery. The executive team provides the necessary resources to keeping staff informed and providing support, as evidenced by staff interviews.</p> <p>There is Māori representation at governance level providing guidance to the organisation to ensure actions are embedded to enact the principles of Te Tiriti o Waitangi. Governance oversight demonstrates commitment to identifying and addressing barriers to equitable service delivery. Alden Kensington Court has embedded culturally responsive practices within service delivery, including staff education on cultural safety, engagement with Māori health principles, and recognition of Te Tiriti o Waitangi obligations. Care planning processes reflect individual cultural preferences, values, whānau involvement, and supporting improved health outcomes for Māori residents. Interviews with staff confirm that training has been provided around cultural safety and equity-focused practice, supporting their understanding of delivering services that improve outcomes and achieve equity for Māori.</p> <p>Alden Kensington Court has contracts with Health New Zealand for aged related residential care, chronic health conditions, end of life, and support care for medical illness.</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</p>	<p>FA</p>	<p>Alden Kensington Court has implemented their quality and risk management plan.</p> <p>Internal audits have been completed according to schedule and any corrective actions identified have been followed up and signed off as completed. Quality data is reported to the executive team and Board. Benchmarking is place within the group. Audit outcomes and quality indicators are discussed at relevant meetings, and action plans are documented where opportunities to improve are identified.</p> <p>The annual resident satisfaction survey 2025 reflected positive outcomes,</p>

<p>systems meet the needs of people using the services and our health care and support workers.</p>	<p>with an overall satisfaction rating of 4.6 out of 5, demonstrating a consistently high level of resident satisfaction with the service. The annual family satisfaction survey also reflected similarly high levels of satisfaction. Interviews with family members confirmed overall satisfaction with the care and services provided.</p> <p>There is a set schedule of meetings in place including quality/staff meetings, registered nurse meetings, health and safety, infection control, residents/whānau and advocacy meetings. Meeting minutes outlined who attended, what was discussed, who is taking responsibility for follow up and when the issue was closed. Meeting minutes are made available to other staff who were unable to attend the meetings.</p> <p>Ten incident and accident reports were reviewed and demonstrated appropriate follow-up actions, including timely documentation, investigation where required, and implementation of corrective measures. These incidents have been reported through the appropriate meeting structures and discussed with staff to support shared learning and continuous improvement.</p> <p>The national quality and assurance manager oversees the national health and safety programme. Health and safety policies are implemented and monitored through the monthly meetings. Risk management, hazard control and emergency policies and procedures are in place. The hazard register was last updated Nov 2025.</p> <p>The organisation follows the Ultimate Care Group adverse event reporting policy for internal and external reporting. Section 31 and adverse event notifications are completed by the facility manager and clinical services manager. Interviews confirmed their understanding of the types of events that require a Section 31 notification or other adverse event notification, and the associated reporting obligations. In 2025 to date, there have been 19 Section 31 notifications submitted to HealthCERT (mainly around registered nurse shortages), three notifications to Public Health Authorities, and three notifications to the Health Quality & Safety Commission.</p> <p>The service has established processes to identify and monitor both internal and external risks and opportunities. Risk management is supported through an up-to-date risk register, regular review of clinical and operational indicators, and reporting to governance level. Interview with the regional manager confirm that strategic and business planning processes</p>
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		<p>demonstrate consideration of emerging sector pressures, workforce challenges, and service demand trends.</p> <p>Potential inequities are recognised within planning and quality frameworks, with actions incorporated into cultural safety.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staffing policy in place that outlines rostering requirements, including guidance on acuity levels and clinical staffing ratios.</p> <p>Although there have been registered nurse shortages during 2025, the service now currently maintains 24-hour registered nurse coverage. The roster includes two registered nurses on morning shifts five days per week, with one registered nurse covering morning shifts on weekends. Two registered nurses are rostered on afternoon shift and one for night shifts. The previous team leader has recently resigned from the position, and the service is currently awaiting the commencement of the newly appointed team leader. The addition of the team leader role is to strengthen clinical oversight and provide further clinical support to the service.</p> <p>The roster reviewed demonstrates sufficient staffing coverage to ensure the safe delivery of care. The facility manager and clinical services manager are employed full time and work Monday to Friday. After-hours support for both clinical and operational matters is available seven days per week.</p> <p>The service maintains a small pool of casual staff, and nursing agency staff are utilised as required to address roster shortages. The service is currently recruiting for a part-time registered nurse, two caregivers, and a part-time cook position. At present, these roles are being covered by existing staff to maintain service continuity.</p> <p>The operations roster reviewed (non-clinical) evidenced that separate staff are allocated to complete activities, laundry, cleaning, serving meals and maintenance tasks.</p> <p>Rosters reviewed, together with interviews with staff, management, residents, and family/whānau, confirmed that overall staffing levels are adequate to meet residents' assessed needs. Comparison of current and previous rosters demonstrates improvement in staffing stability. Discussions with staff confirmed that any shortfalls have been appropriately covered using a casual staff pool and nursing agency staff to ensure</p>

		<p>continuity of care. The regional manager and the head office team provide a plan for cover that would be implemented in the absence of the facility manager or clinical services manager.</p> <p>The operations roster reviewed (non-clinical) evidenced that separate staff are allocated to complete activities, laundry, cleaning, serving meals and maintenance tasks.</p> <p>There is a scheduled training programme in place. Training plans, mandatory education schedules, and competency records were reviewed and demonstrate that staff are supported to maintain role-specific competencies. Competencies completed include medication; restraint; hand hygiene; use of personal protective equipment (PPE); fire and emergency training; cultural safety; and manual handling. Orientation and ongoing education programmes are documented and accessible. However, review of the training register identified that first aid certification was not current for an adequate number of staff at the time of audit, indicating the monitoring system had not fully ensured all mandatory training requirements.</p> <p>Staff have been provided with cultural safety training, including Māori equity and Te Tiriti o Waitangi.</p> <p>The service supports and encourages caregivers to obtain relevant New Zealand Qualifications Authority (NZQA) qualifications. Sixteen of the twenty-six caregivers have completed an NZQA qualification related to the care of older people, and a further two caregivers are currently undertaking training.</p> <p>Alden Kensington Court employs six registered nurses and two additional registered nurses on casual contract. The clinical services manager and five registered nurses are interRAI trained. Registered nurses are supported with professional development, and have completed training related to syringe driver use, palliative care management, wound care, critical thinking, and reflective practice.</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>PA Low</p>	<p>A register of practising certificates is maintained for all health professionals, including contracting health service providers.</p> <p>Staff orientation includes essential components of service delivery, such as residents' rights; cultural safety; infection prevention and control; health and</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>safety; emergency procedures; restraint minimisation; abuse prevention; and documentation requirements. Competency assessments are completed during orientation and reviewed on an ongoing basis (link to 2.3.4 for first aid). Alden Kensington Court demonstrates that the orientation programme equips caregivers with the knowledge and skills required to provide a culturally safe environment for Māori.</p> <p>Performance appraisals are scheduled to be completed annually in accordance with organisational policy. Review of personnel files identified one staff file where a performance appraisal had not been completed since March 2024, indicating this review was overdue at the time of audit. Staff interviewed confirmed they receive feedback, have opportunities to discuss professional development goals, and can raise concerns or training needs with facility manager and the clinical services manager.</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>PA Low</p>	<p>Five resident files were reviewed, including two hospital level, and three rest home level, of which one was rest home level in a serviced apartment.</p> <p>Registered nurses are responsible for all assessments including interRAI assessments and care planning. The physiotherapist has input into mobility and falls prevention, and the activities coordinator has input into the activities plan. Resident files have evidence of resident and family/whānau input in assessments and care planning, and family/whānau interviewed confirmed they are involved at each stage, from assessment to care planning, and evaluation. Registered nurses complete initial assessments, interim care plans, interRAI assessments, and long-term care plans. However, not all residents had a care plan completed within the 21-day timeframes required by the age-related residential care contract.</p> <p>A general practitioner and a nurse practitioner from the same medical clinic primarily provide medical care and clinical oversight for residents at the facility, while a small number of residents choose to retain their own general practitioner. Medical assessments are completed by the contracted general practitioner/nurse practitioner. Residents then have a monthly or three-monthly review by the general practitioner or nurse practitioner as a routine or, if their needs change, they are seen as needed. The general practice provides an on-call service. The general practitioner stated that they felt concerns they had raised with the facility manager had been addressed and</p>

	<p>improvements had been noted (noting that this audit did not raise any clinical and care intervention concerns).</p> <p>A detailed lifestyle assessment to identify residents' interests and preferences is completed on admission and is used to develop a plan for meaningful activities. The lifestyle assessment includes a cultural assessment, and residents and family/whānau interviewed confirmed that they have extensive input into this. The service facilitates access to traditional Māori health practitioners as needed. Residents have access to a visiting podiatrist.</p> <p>A review of resident files shows that each assessment is comprehensive and utilises the tools embedded in the interRAI system. Where an interRAI assessment shows a trigger for a specific need, then this is included in the care plan. Care plans are comprehensive and holistic, and include the goals and aspirations of residents. They describe the interventions required to achieve these. Early warning signs and symptoms to report to the registered nurse are documented when there is a potential for a risk for a resident, such as a change in mood, infection, or hypoglycaemia. Care plans are recorded on an electronic system, and caregivers confirm they can easily access them.</p> <p>Care plan evaluations are intended to be reviewed six-monthly, or earlier if a resident's needs change. InterRAI assessments are completed prior to the care plan review, to ensure outcome measures inform evaluation of progress and identification of any new needs. Each section of the care plan documents a review of goals, including explanations where goals have not been achieved, and outlines updated interventions to support residents' ongoing needs. However, review of records identified that not all care plans had been evaluated within the required six-month timeframe, and initial interRAI assessments were also not always completed within 21 days of admission to the service, indicating non-compliance with the scheduled review process and contractual obligations.</p> <p>Family/whānau are invited to either attend care plan reviews, or to email any suggestions if they are unable to attend. When care plans are updated, caregivers are updated on any changes. The family/whānau is informed and the care plan is updated when a resident's progress is different from expected. Short-term care plans are developed for short-term needs, such as wounds and infections. At the time of the audit there were 23 wounds being treated, including two pressure injuries (one unstageable and one</p>
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		<p>stage II), skin tears, a surgical wound, an abrasion and skin lesions. A wound register is maintained. Review of wound care plans and photographs show wounds are managed according to best practice, with input from a wound nurse specialist if needed. Photographs and wound assessments show the progress of wounds.</p> <p>Progress notes are completed each shift by the caregivers and daily by the registered nurse. If there is a change in the condition of a resident, the registered nurse is informed, undertakes an assessment, and updates the care plan if needed. There is evidence of family/whānau being updated when there is a change or incident.</p> <p>In assessing and monitoring residents, the following monitoring charts are completed: monthly (or more often if indicated) weight; blood glucose if needed; behaviour; positioning; bowels; oxygen saturation; vital signs; and food and fluids. Neurological observations are completed for unwitnessed falls or head injuries. All incident reports reviewed evidenced timely nursing follow up.</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>PA Moderate</p>	<p>Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing and documenting administration. The policy and procedures describe the requirements for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied by a contracted pharmacy using a pre-packaged system.</p> <p>Staff could describe their responsibilities for receiving medications from the pharmacy, including checking against prescriptions. The effectiveness of pro re nata (prn) medications is consistently documented in the electronic medication management system and progress notes. There is one medication room. Medicines are stored in a locked trolley and locked medication room. The medication refrigerator and medication room temperatures are monitored daily. The fridge temperatures are within acceptable range; however, the room temperature is consistently above the recommended temperature. Liquid medications and medications with a short shelf life are labelled with the date of opening. Unused and expired medications are returned to the pharmacy.</p> <p>A medication round was observed and seen to be safe. Medications are</p>

		<p>administered by registered nurses and caregivers who are required to pass an annual competency test and have ongoing training in medicine management. Medication errors are reported in the electronic resident file system and appropriate investigation and follow up is done.</p> <p>Ten medication charts were reviewed. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Residents and family/whānau confirmed they are consulted about medication changes.</p> <p>There are seven residents currently who self-administer their medications. There is a process for assessing the competency for residents who wish to self-administer their medications, and a policy for the safe storage of medications. Competencies have been completed; however, there is no provision in the residents' rooms for safe storage of their medication. There are no standing orders.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Residents' nutritional requirements are assessed on admission to the service, in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Copies of individual dietary preferences are available in the kitchen folder. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</p> <p>There is a verified food control plan expiring 27 June 2026.</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>	FA	<p>Transition to a different level of care, transfer to another facility or hospital, or discharge is a planned process that includes communication with the resident and their family/whānau. Before transfer, the registered nurse does a verbal handover to communicate care needs and potential risks to the ongoing facility. Residents who transfer are accompanied with copies of relevant medical and nursing information. If possible, family/whānau are asked to attend appointments with residents.</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>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building has current warrant of fitness. There is a planned and reactive maintenance programme in place that is adhered to. All equipment has been tested, tagged, and calibrated as scheduled. The environment is inclusive and promotes respect for diverse cultures, values, and beliefs. Cultural identity is acknowledged and supported, and the service fosters an atmosphere of dignity, equity, and belonging for residents, family/whānau, and staff.</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>	FA	<p>At the previous audit, it was identified that emergency food supplies were insufficient to sustain residents and staff for three days in the event of a civil defence emergency. This has now been addressed, and the facility maintains adequate food supplies to meet the required three-day emergency provision. Additional emergency food supplies are kept in separate emergency supply room. There were two freezers full of frozen food ready to cook, plus dry food products.</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.</p>	FA	<p>There are infection prevention, and antimicrobial policies and procedures that include the pandemic plan. The programme is linked to the quality improvement programme and is approved by the governing body. The infection prevention policies were developed with input from infection prevention specialists, and these comply with relevant legislation and accepted best practice. The infection prevention programme is reviewed</p>

<p>Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>annually.</p> <p>The clinical services manager takes overall responsibility for the implementation of the infection prevention and control programme. The clinical services manager provides staff training, advises staff on the management of infection prevention issues and the completion of audits. Staff interviews confirmed that infections are managed appropriately, reflecting adherence to established protocols.</p> <p>A review of staff training records evidenced that staff mandatory infection prevention related training was up to date, with a high number of staff attending. Staff have received training in infection prevention at orientation and through ongoing education. The training includes reminders about hand hygiene and advice around ensuring residents remain in their rooms if they are unwell. Staff who were interviewed demonstrated a good understanding of infection prevention measures.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection surveillance programme is tailored to the facility's size and service complexity, with thorough monitoring and management of infections. Monthly data on various infections, including those affecting the urinary tract, skin, eyes, respiratory system, and wounds is collected based on signs, symptoms, and infection definitions. This information is logged into an electronic infection register and detailed in a monthly infection summary, where infections including specific organisms are reviewed. Subsequently action plans are formulated and executed, which is also analysed monthly and annually for trend identification. Benchmarking is completed at Alden head office. The infection prevention data captures information on ethnicity. Since the last audit, there were three outbreaks, one Covid-19, one Norovirus, and a viral respiratory outbreak. Review of documentation, discussion with the clinical services manager and staff confirmed this was managed appropriately and reported.</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>	FA	<p>The governance body demonstrates a clear commitment to the elimination of restraint. There is a restraint policy that reflects a restraint-free philosophy and aligns with current standards and best practice guidance. At the time of audit, there were no residents subject to restraint.</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>Board and management oversight of restraint practices is evidenced through regular reporting, even when no restraint is in use, ensuring ongoing monitoring and organisational accountability. Education on restraint elimination, de-escalation techniques, and alternative strategies is provided to staff at orientation and as part of ongoing training programme.</p> <p>Interviews with staff confirmed understanding that restraint is a last resort, and that alternative strategies are explored and documented before any consideration of restraint use. Documentation review and staff interviews verified that the service actively promotes a restraint-free environment.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	<p>An education programme has been completed as per schedule. Training follows staff /quality meetings. The education plan is developed by the national clinical educator and infection control lead. The education and training schedule lists all mandatory topics. Competencies are completed by staff, which are linked to the annual in-service schedule. Additional (annual) competencies completed include medication; restraint; hand hygiene; use of personal protective equipment (PPE); fire and emergency training; cultural safety; and manual handling. However, review of the training register identified that first aid certification was not current for an adequate number of staff at the time of audit.</p>	<p>Sampled staff files and the staff roster review confirmed that there were insufficient numbers of staff holding current first aid certificates at the time of audit. This does not fully meet the requirement to ensure an adequate number of staff maintain up to date first aid certification to support safe service delivery.</p>	<p>Ensure that at least one staff member with a current first aid certificate is always rostered on duty (24/7) to meet service requirements and support safe service delivery.</p> <p>90 days</p>

<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	<p>PA Low</p>	<p>Performance appraisals are scheduled to be completed annually and are undertaken by the facility manager for non-clinical staff, while the clinical services manager conducts performance appraisals for clinical staff. The clinical services manager's appraisal is completed by a Head Office Manager.</p>	<p>Seven staff files were reviewed. Two staff members had been employed for less than one year, and therefore annual performance appraisals were not yet due. One file showed that the performance appraisal had not been completed since March 2024. The remaining files evidenced that annual performance appraisals had been completed in accordance with policy.</p>	<p>Ensure that performance appraisals are completed at least yearly.</p> <p>90 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Low</p>	<p>Registered nurses are responsible for all assessments and care planning on admission. Residents and family/whānau have input into assessments and care planning.</p> <p>Long-term care plans and interRAI assessments are expected to be completed within 21 days of admission. Care plan evaluations are required to be undertaken at least six-monthly. However, not all files reviewed provided evidence that these timeframes had been consistently met. To confirm our findings, when it was identified that one interRAI assessment had not been completed within the required timeframe, a report of admissions over the past three months was requested. Review of this report identified that seven out of eight interRAI assessments had not been completed within the required 21-day timeframe. At the time this occurred, the home was</p>	<p>i) Three out of five residents did not have a long-term care plan completed within the 21-day timeframe.</p> <p>ii) Two out of five residents did not have care plans evaluated within the six-month timeframe.</p> <p>iii) One out of five residents did not have an interRAI assessment completed within the 21-day timeframe.</p>	<p>i) Ensure residents have a long-term care plan completed within the 21-day timeframe.</p> <p>ii) Ensure residents care plans are evaluated within the six-month timeframe.</p> <p>iii) Ensure residents have an interRAI assessment completed within the 21-day timeframe.</p> <p>90 days</p>

		experiencing insufficient registered nurse cover, which impacted the service's ability to consistently meet documentation and assessment timeframes.		
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>There is a policy and process on safe medicine management, including reconciliation, storage, and documentation requirements. However, medication room temperatures are consistently outside of the recommended range.</p>	<p>Medication room temperatures are recorded daily and are consistently above the recommended temperature.</p>	<p>Ensure medication room temperature remains below the recommended temperature.</p> <p>60 days</p>
<p>Criterion 3.4.6</p> <p>Service providers shall facilitate safe self-administration of medication where appropriate.</p>	<p>PA</p> <p>Moderate</p>	<p>Residents who are self-administering medications are required to store medications securely.</p>	<p>There were seven residents who were self-administering medications, who did not have adequate provision for safe storage in their rooms.</p>	<p>Safe storage to be provided within the rooms of residents who are self-administering their medications.</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, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

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End of the report.