

Hawthorndale Care Village Limited - Hawthorndale Care Village Limited

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Hawthorndale Care Village Limited
Premises audited:	Hawthorndale Care Village Limited
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 25 February 2026 End date: 26 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:	80



Executive summary of the audit




Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Hawthorndale Care Village provides rest home, dementia, and hospital (medical and geriatric) levels of care for up to 86 residents provided through a mixed model of care agreement with Health New Zealand. There were 80 residents on the days of audit.

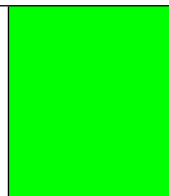
This certification audit was conducted against the Nga Paerewa Health and Disability Services Standards 2021 and the service provider's contracts with the Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family/whānau, management, staff, and a nurse practitioner.

The general manager is appropriately qualified and experienced and is supported by a clinical manager and a team of skilled staff. There are quality systems documented. Feedback from residents and family/whānau was positive about the care and the services provided. Induction and in-service training programmes are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified shortfalls related to: the implementation of corrective actions, management of adverse events, staffing requirements associated with the mixed model of care model, care plan interventions, review of care and an outstanding code of compliance related to a separate building.

Ō tātou motika | Our rights

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



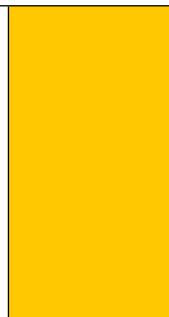
Subsections applicable to this service are fully attained.

Hawthorndale Care Village provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that respects their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. An open disclosure policy is documented. The rights of the resident and/or their family/whānau to make a complaint are understood and respected. Complaints processes are implemented, and complaints and concerns are actively managed.

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 are partially attained and of medium or high risk and/or unattained and of low risk.

Hawthorndale Care Village is governed by a board. The business plan includes a mission statement and operational objectives. There is a documented quality plan. Quality improvement projects are documented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled.

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

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and ongoing staff education and training are in place.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.</p>
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There is an admission package available prior to or on entry to the service. The registered nurses and enrolled nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals in partnership with the resident and family/whānau input. Care plans reviewed demonstrated service integration and were evaluated at least six monthly. Resident files included medical notes by the general and nurse practitioner(s) and visiting allied health professionals. Discharge and transfers are coordinated and planned.

There is an interesting and varied activity programme, which includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Medication policies reflect legislative requirements and guidelines. Registered nurses, enrolled nurses and healthcare assistants responsible for administration of medicines have completed annual education and medication competencies. The medicine charts reviewed met prescribing requirements and evidenced review at least three-monthly by the general practitioner or nurse practitioner.

Residents' food preferences and dietary requirements are identified at admission, and meals are prepared within each residents' house. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and individual dietary requirements including. The service has a current food control plan.

The Village café is available seven days a week for residents/family/whānau. All healthcare assistants have completed food safety training and additional training related to meal preparation.

Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

<p>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.</p>		<p>Some subsections applicable to this service are partially attained and of low risk.</p>
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Hawthorndale Care Village holds a current Code Compliance Certificate for the village centre and the 13 residential houses. A preventative maintenance programme is implemented to ensure the ongoing safety, functionality, and compliance of buildings, plant, and equipment. Maintenance systems include scheduled servicing, routine safety checks, and timely responses to repair requests.

The physical environment is purpose-built and designed to support the service's small-household, community-based model of care. The village-style layout promotes autonomy, familiarity, and social engagement while maintaining appropriate levels of safety and oversight. Residents are able to mobilise freely within communal areas and have ready access to secure outdoor spaces that

include seating and shaded areas. The environment supports safe mobility, independence, and social interaction, consistent with the service model.

Documented systems are in place for essential services, emergency preparedness, and security management. Emergency management strategies are planned, implemented, and regularly reviewed. An approved evacuation scheme is in place, and staff participate in emergency training and drills. At least one staff member with a current first aid certificate is present on each shift.

Security systems are established to safeguard residents, staff, and visitors. Access controls and monitoring systems are implemented to maintain a secure environment while preserving residents' ability to move safely and freely throughout the village.

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

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

Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon,

evaluated, and reported to relevant personnel in a timely manner. Pandemic response plans are in place, and the service has access to adequate personal protective equipment supplies. There have been two outbreaks documented since the previous audit.

Chemicals are stored securely. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place to manage workplace incidents. Fixtures, fittings, and flooring are appropriate, and toilet/shower facilities are constructed for ease of cleaning. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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Policies and procedures for restraint elimination and safe practice align with the requirements of the standard and reflect the service's commitment to a restraint-free environment. On the days of audit, there were no residents using restraint.

The clinical manager, a registered nurse, is designated as the restraint coordinator and has clearly defined roles and responsibilities in relation to oversight, monitoring, and review of restraint practices.

Staff receive ongoing education in least restrictive practice and the safe use of 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	23	0	2	2	0	0
Criteria	0	162	0	2	4	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan is documented for the service and acknowledges the Te Tiriti O Waitangi as a founding document for New Zealand. At the time of the audit there were residents who identified as Māori.</p> <p>Hawthorndale Care Village incorporates the Māori health strategy, He Korowai Oranga, and Te Whare Tapa Wha Māori Model of Health and wellbeing as part of staff training. Managers described how the principles of partnership, protection, and participation under Te Tiriti o Waitangi are enacted in their work with residents. Elements of this are woven through other training as appropriate. All staff have access to relevant tikanga guidelines.</p> <p>The service has links with local iwi through the Board of Directors, and through current staff members, with kaumatua and kuia being available to support the organisation’s cultural journey. The service has local links with iwi and marae within the Kāi Tahu Rūnaka. The current ongoing linkage with Manahau Ukurere Ropu, ensures facilitation of te Ao Māori.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were staff members who identify as Māori. Staff members interviewed stated that they are supported in a culturally safe way and staff are</p>

		<p>encouraged to use both te reo and relevant tikanga in their work with the residents as detailed in the Māori health plan and tikanga guidelines.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Management (the general manager, the chief executive officer [CEO] and the clinical manager) and 18 staff members interviewed (six healthcare assistants [HCAs], six registered nurses [RNs], one enrolled nurse, one cleaner, one laundry assistant, one diversional therapist (DT) and two kitchen assistants) described how each are responsible to ensure the resident's individual values, beliefs, and preferences are taken into consideration. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents.</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>Hawthorndale Care Village recognises the uniqueness of Pacific cultures and acknowledges that dignity and the sacredness of life are integral to the delivery of Health and Disability Services for Pacific people. There is a comprehensive Pacific Health plan documented, written by an external consultant with Pasifika input, with policy based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is available in several different languages according to resident need.</p> <p>On the day of audit, there were residents who identified as Pasifika. Ethnicity information and Pacific people's cultural beliefs and practices are identified during the admission process and documented in the residents' files. Family/whānau are encouraged to be present during the admission process and the service welcomes input from the resident and family when developing the initial care plan. Individual cultural beliefs are documented in the activities profile, activities plan, and care plan.</p> <p>The service is actively recruiting staff. The Board chairperson confirmed how they encourage and support any staff that identifies as</p>

		<p>Pasifika beginning at the employment process. Staff interviews confirmed the service is a welcoming place for all cultures, and the recruitment processes support this.</p> <p>Interviews with staff members, three rest home residents, six hospital level residents, and six family/whānau (three hospital, one rest home, and two dementia level) identified that the service puts the residents and family/whānau, at the heart of their services. The service can consult with Pacific Island staff, and industry advisors who identify as Pasifika to access community links and continue to provide equitable employment opportunities for the Pasifika community. The service collaborates with the Pacific Island Advisory & Cultural Trust (PIACT), assists the service with cultural support, advocacy, and community connection for Pasifika individuals and their aiga.</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>The Code of Health and Disability Services Consumers Rights (the Code) is displayed in multiple locations throughout the village. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The general manager or clinical manager discusses aspects of the Code with residents and their family/whānau on admission.</p> <p>Discussions relating to the Code are also held during the monthly resident/family/whānau meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available at the entrance to the facility, and in the information pack provided on entry to services for residents and their family/whānau. There are links to spiritual support through local churches and two pastoral carers (employees) on site. Church services are held weekly.</p> <p>Staff receive education in relation to the Code at orientation and through the ongoing education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process and</p>

		<p>are available to residents and family/whānau as required.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>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>	<p>FA</p>	<p>Staff members interviewed confirmed that residents are supported to make choices about their care. Residents and family/whānau feedback confirmed that residents experience choice in day-to-day care. Residents are supported to decide on the level of involvement of family/whānau in their care or other forms of support, in accordance with their preferences.</p> <p>The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys are completed annually (most recently in August 2025), confirm that residents and family/whānau are treated with respect. This was also confirmed during interviews with residents and family/whānau.</p> <p>A sexuality and intimacy policy is in place and supported through staff training. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met.</p> <p>Privacy is ensured and independence is encouraged. Resident files and care plans identify residents' preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Te reo Māori is supported by staff who can speak/understand te reo Māori. Māori cultural days are celebrated and include Matariki and Māori language week.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi,</p>

		<p>tikanga Māori, and health equity from a Māori perspective, and complete a cultural competency to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice including supporting them with te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>To minimise the risk of resident abuse, all potential employees are required to complete character, police, and work history reference checks prior to employment. A staff code of conduct is discussed during the employee's induction to the service with evidence of staff signing the code of conduct policy. The code of conduct policy includes: elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and safe working environment. Staff are encouraged to address issues of racism and to recognise their own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes, and care staff interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during orientation and annually, as outlined in the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. Residents expressed that they have not witnessed any abuse or neglect, and said they are treated fairly, feel safe, are protected from abuse and neglect. They stated that their property is respected. All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>The service implements a process to manage residents' comfort funds, such as sundry expenses. All resident property is labelled at the time of admission and when new items are supplied to ensure items are identified clearly as belonging to an individual resident. Residents' individual property is not used for other residents.</p> <p>Professional boundaries are defined in job descriptions and are</p>

		covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.
<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>	FA	<p>Information is provided to residents and family/whānau on admission. Communication is maintained with individual residents with regular updates around changes and events within the facilities. Quarterly resident meetings provide opportunities for feedback and discussion about service delivery.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure outline staff responsibilities for timely notification of family/whānau or next of kin. Electronic accident/incident forms include a section to indicate whether next of kin have been informed (or not); notification to next of kin was not clearly documented in twelve adverse event forms reviewed and associated progress notes (link 2.2.5). Family/whānau interviewed stated they are informed of any events that might adversely affect their relative`s wellbeing.</p> <p>An interpreter policy and contact details of interpreter services are available. Interpreter services are used where indicated. At the time of the audit, all residents could speak and understand English. Healthcare assistants and the registered nurse interviewed described how residents who do not speak English are supported through interpreter services or other communication resources as required.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and next of kin are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the Health New Zealand specialist services (e.g. physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice nurse, speech language therapist, and dietitian). The delivery of care includes a multidisciplinary team. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider</p>

		decisions, and opportunity for further discussion, if required.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There is an informed consent policy. Nine resident files reviewed included informed consent forms signed by either the resident or power of attorney/welfare guardian. Consent forms for vaccinations are also on file where appropriate. Residents and family/whānau interviewed described what informed consent was and their rights around choice. Residents and their family/whānau stated they are actively involved in determining their plan of care, in accordance with the Code. The residents and family/whānau are provided with the necessary information to make decisions in accordance with resident rights and their ability to exercise independence, choice and control. Residents and their family/ whānau stated they are given the opportunity to come together and make unified decisions to ensure the process of kotahitanga (unity) is maintained during the process.</p> <p>There is an advance directive policy. An advance directive or Do Not Resuscitate (DNR) order is only authorised by the resident themselves or by the medical practitioner.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship documentation were in resident files where applicable. Certificates of mental incapacity and activation of the EPOA documents were on file for residents where required including for all residents assessed for dementia level of care.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain</p>	FA	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The service maintains a complaints register</p>

<p>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. 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>that records verbal and written complaints. There have been four complaints recorded for 2025 year to date. An external complaint was received in 2025 via Health New Zealand; the complaint was reviewed and addressed by the Board and an email was sighted to evidence the complaint has been resolved. Three of four complaints had corrective actions documented; however, the corrective actions were not signed off as implemented/closed (link 2.2.4).</p> <p>Complaints documentation reviewed including acknowledgement, investigation, follow-up letters, and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner (HDC) An email from Health New Zealand (dated February 2026) requested follow up against aspects of a complaint (previously Calvary Hospital Southland Limited) that included criterion # 1.7.4 related to family/whānau involvement in informed consent, criterion # 3.2.4 and criterion # 3.2.5 related to when the health condition of a resident changes and implementation of short term care plans, completion of assessments and escalation to the general practitioner/nurse practitioner occurs. This audit has identified issues with implementation of short-term care plans and updating of long-term care plans (criterion # 3.2.5). Issues identified related to family/ whānau involvement in informed consent, completion of assessments and escalation to the general practitioner/nurse practitioner occurs were verified as satisfied during this audit.</p> <p>Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in the staff and quality meetings. Complaints are a standard agenda item in all meetings (meeting minutes sighted). The Board is informed of complaints in the monthly board report.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available throughout the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held quarterly. Communication is maintained with individual residents with updates at activities, mealtimes and one on one reviews. Residents/family/whānau making a complaint can involve an independent support person in the process if they choose. On interview, residents and family/whānau stated they feel</p>
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		<p>comfortable to raise issues of concern with management at any time.</p> <p>The complaints process is equitable for Māori, complaints related documentation is available in te reo Māori, and the management team are aware of the preference of face-to-face interactions for some Māori.</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>Hawthorndale Care Village is a purpose-built village located in Invercargill. Hawthorndale Care Village has been established on a 2.57-hectare site. The philosophy of care is inspired by the Dutch care village model, De Hogeweyk. The village design, philosophy and overall approach to care are based on evidence indicating that familiarity, comfort, and stimulation have the biggest positive effect on health and wellbeing. Hawthorndale Care Village opened in May 2025. At the time, residents and staff transitioned from Calvary Hospital to Hawthorne Care Village.</p> <p>Hawthorndale Care Village includes 13 individual houses with a total capacity of 86 beds. The service is certified to provide rest home, hospital (medical and geriatric across 72 dual-purpose beds) and dementia level care across 14 dementia beds. The service has a unique aged related residential care (ARRC) mixed model agreement with Health New Zealand. There are no double/shared rooms. Residents live in the houses sharing with people who have different assessed needs.</p> <p>At the time of the audit there were 80 residents receiving care including 51 residents at hospital level care (including four on younger persons with disability [YPD] contract and two residents funded by the Accident Compensation Corporation [ACC]); 21 residents at rest home level of care and eight residents at dementia level of care.</p> <p>The organisation is a not-for-profit entity governed by a Board of Directors (Hawthorndale Care Village Limited). Business planning is undertaken at board level with input from the general manager and board of directors. The transitional business plan is still operational until April 2026 and reflects clear goals to support their documented vision, mission, and values.</p>

		<p>The business foundational documents, and quality plans reflect the Mixed Model of Care. The model of care sits within this framework and incorporates Māori concepts of wellbeing, Te Whare Tapa Wha.</p> <p>The board chairperson interviewed confirmed the strategic plan annual goals and objectives that support outcomes to achieve equity for Māori, address barriers to equitable services and improved health outcomes for Māori and tāngata whaikaha. Board meetings are held monthly. Cultural safety is embedded within the documented quality programme and staff training. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The overall strategic goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural diversity of the communities that they serve. Strategic direction and goals are regularly reviewed.</p> <p>There are community links, and Māori advice to the Board to ensure the service continues to implement improvements on ways to achieve equity and improve outcomes for Māori and tāngata whaikaha. The working practices are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family/whānau and the wider community as an intrinsic aspect of wellbeing.</p> <p>The organisation consults with residents and family/whānau through care plan reviews, newsletters and meetings (link to 2.2.5 re family contact following an incident / accident). Resident feedback/suggestions for satisfaction and improvements for the service are captured in the annual satisfaction surveys, through feedback forms and through regular scheduled meetings. These avenues provide tāngata whaikaha the opportunity to provide feedback around how the organisation can deliver a service to improve outcomes and achieve equity for tāngata whaikaha.</p> <p>The Board receives regular updates on various topics, including: benchmarking, escalated complaints, human resource matters, and occupancy. The board have completed cultural training to demonstrate expertise in Te Tiriti o Waitangi, health equity, and cultural safety. There is a Māori advisor available to support the management and board.</p>
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		<p>The quality committee acts as the clinical governance group. Clinical governance ensures a coordinated approach to quality management and compliance with the standards. Reports from the quality committee on clinical indicators are incorporated into regular reports to the general manager and the Board.</p> <p>The service was previously managed by an experienced general manager who retired in September 2025 after 16 years of service (previously with Calvary Hospital). The role was in the interim filled by the clinical manager who has been in the clinical manager role for 16 years (previously Calvary Hospital). A new general manager has been appointed and had been in the role for 11 days at the time of the audit. The general manager who holds relevant qualifications as a physiotherapist has previous experience in management of health care services including aged care and residential disability services. The general manager confirmed knowledge of the sector regulatory and reporting requirements and maintains currency through ongoing training. At the time of the audit, the general manager was in the process of completing a comprehensive orientation to their role. The general manager completed 27 hours of professional development relevant to managing health care services; in the year prior to coming to Hawthorndale Care Village. The team reports to the general manager, who liaises with, and acts as a conduit to the Board.</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>PA Moderate</p>	<p>Hawthorndale Care Village has a documented quality and risk management program. The programme includes: performance monitoring and benchmarking through internal audits, the collection, collation, and internal benchmarking of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data is critically analysed for comparisons and trends to improve health equity. A registered nurse holds the position as quality coordinator and assists with the implementation of internal audits and associated corrective actions.</p> <p>Policies and procedures and associated implementation systems provide assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place and managed by an external consultant. Policies are provided</p>

	<p>and updated by an external aged care consultant and any new policies or changes to policy are communicated to staff.</p> <p>Regular management meetings, quarterly general staff meetings and quarterly quality meetings provide an avenue for discussions in relation to (but not limited to): quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Internal audits, meetings, and collation of data are documented as taking place with corrective actions documented where indicated to address service improvements. Corrective actions related to internal audits are signed off when achieved; however, corrective actions arising from meetings or the complaints management process did not consistently evidence progress or sign-off when completed. Quality data and trends in data are posted, and accessible to staff in main nurses' station. Quality improvement projects are documented for: improved communication, the meal service, the activities programme to reflect the model of care, the implementation of Te Whata Kura guidelines as part of antimicrobial stewardship and the reduction of fungal infections.</p> <p>The resident and family /whānau satisfaction surveys indicate high levels of satisfaction with the service provided.</p> <p>A health and safety system is in place with identified health and safety goals. Health and safety is discussed at general staff and management meetings, with healthcare assistants undertaking the role of health and safety representatives. An up-to-date hazard register had been reviewed (sighted) and a copy kept within each house. Health and safety policies are implemented and monitored by the general manager.</p> <p>A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Well-being support for staff includes an employee assistance programme.</p> <p>Electronic entries are completed for each incident/accident. Not all adverse event entries reviewed had immediate actions, follow-up actions, or next-of-kin notification documented. Incident and accident</p>
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		<p>data is collated and analysed monthly. Benchmarking occurs internally. Trends are analysed; summaries of monthly data are documented with opportunities to minimise future risks.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed to notify HealthCERT around failure of electronic system and environmental risks. Severity assessment code (SAC) notifications have been submitted relating to falls resulting in injury and an unstageable pressure injury. HealthCERT was notified of the change in general manager. There have been two outbreaks reported which were appropriately reported to relevant authorities, well managed, and staff debriefed.</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. 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. 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 that describes rostering requirements, and the service provides 24/7 registered nurse cover. The roster considers the size and layout of the 13 houses across the site. The service has additional staffing requirements related to the ARRC mixed model of care that is different from the standard ARRC agreement.</p> <p>There are enough staff on the morning and afternoon shifts with a minimum of one HCA allocated to each house. Two additional 'runner' staff are allocated on the morning and afternoon shifts, with a further two runner staff rostered between 4pm and 9pm to provide additional support across the houses. A minimum of three RNs are allocated to each of the morning and afternoon shifts. In addition to the RNs there are two enrolled nurses (ENs) rostered during the week. There are additional part time pastoral carers and two physiotherapy aides. Separate cleaning staff complete cleaning duties: however, the HCAs are responsible for laundering of personal clothing within each house. Two senior care coordinators (one on morning and afternoon shift) ensure communication during shifts are streamlined.</p> <p>There are two HCAs and two RNs rostered on nights shift; however, the ARRC mixed model of care required a fifth person overnight which is currently not rostered.</p> <p>The management team are available Monday to Friday. Interviews</p>

		<p>with HCAs, RNs and management team confirmed that their workloads are manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings, and resident meetings.</p> <p>An enrolled nurse organises and oversees the training. An annual education and training schedule is implemented. The education and training schedule lists compulsory training which includes cultural awareness training. Competencies are completed by staff, which are linked to the education and training programme. All HCAs are required to complete annual competencies for restraint, hand hygiene, correct use of PPE, cultural safety and moving and handling. A record of completion is maintained.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. A registered nurse is a Careerforce assessor they assist staff to transition to higher levels of education and oversees the completion of dementia standards where required. Out of a total of 66 HCAs, 39 have achieved a level three NZQA qualification or higher. Twenty work directly with residents assessed at dementia level of care and all have attained the required dementia standards.</p> <p>Additional RN specific competencies include syringe driver, medication management, and interRAI assessment competency. Nine of fifteen RNs are interRAI trained. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they are provided with resources during their cultural training. Facility meetings provide a forum to encourage collecting and sharing of high-quality Māori health information.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities.</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</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored in hard copy. Eleven staff files reviewed evidenced implementation of the recruitment process, employment</p>

<p>people in adequate numbers meet my needs. 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. 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>contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes expected outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job descriptions during their onboarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities, and any additional functions (e.g., restraint coordinator, infection prevention and control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals (e.g., RNs, nurse practitioner [NP], general practitioner [GP], pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and HCAs to provide a culturally safe environment to Māori.</p> <p>Volunteers are used (particularly with activities and pastoral care) and an orientation programme and policy for volunteers is in place.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up actions taken is documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained both electronically and in hard copy. Electronic information is regularly backed up using cloud-based technology and is password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>Physical copies of administrative and legal records are securely stored in the office in a locked cupboard. In addition, administrative</p>

<p>accurate, sufficient, secure, accessible, and confidential.</p>		<p>records are kept in a designated folder within the Residents' Care House, stored in the locked medication cupboard.</p> <p>The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Signatures are documented and include the name and designation of the service provider.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>The service 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. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Hawthorndale Care Village has clear, transparent, and equitable processes that guide entry and decline to the service. All prospective residents meet with either the facility manager or clinical manager prior to admission, and initial enquiries may be facilitated by the office administrator. Information packs are available for prospective residents and their family/whānau to support informed and timely decision-making. All enquiries are recorded on the waiting list. Information collected and recorded includes ethnicity data for the analysis of entry and decline rates. Review of resident files confirmed that admissions to the service complied with the documented entry criteria.</p> <p>InterRAI assessments, Needs Assessment Service Coordination (NASC) authorisations, and documentation confirming the appropriate level of care were present in all resident files reviewed. Admission agreements aligned with contractual and legislative requirements, including clearly documented service exclusions. Residents and family/whānau interviewed reported they received sufficient information prior to and on entry to the service, and the process was respectful, well-coordinated, and responsive to their needs. Admission criteria are based on assessed need and the service levels under which the facility operates. The facility manager or clinical manager is available throughout the admission process to respond to enquiries</p>

		<p>and support decision-making.</p> <p>Where the service is unable to accept an admission (such as when no bed is available or service cannot meet the assessed level of need), the prospective resident and family/whānau are informed of the reason for decline, and alternative options or community links are provided. Residents and whānau are kept updated where there is a delay in entry to the service. The service has established links with local iwi, who provide cultural advice and support for residents and staff. Information is available in both English and te reo Māori. Hawthorndale Care Village demonstrates a commitment to recognising and celebrating tāngata whenua through partnership, staff education, culturally responsive care, and support for whānau involvement. When a resident is accepted for admission, staff facilitate a welcoming and mana-enhancing transition into the service. Orientation includes introductions to staff, guidance on routines, call bell use, and familiarisation with the environment.</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 Moderate</p>	<p>Admission documentation, including initial assessments, have been completed for all residents within required timeframes. Initial assessments are completed within 24 hours of admission are comprehensive and reflected residents' presenting needs, including information provided by referring services, and informed the development of initial care plans.</p> <p>Initial interRAI assessments were completed within 21 days of admission for residents where applicable. Routine interRAI reassessments are undertaken every six months, or sooner where there was a significant change in the resident's health status. Completed assessments inform the development, review, and evaluation of long-term care plans at six monthly intervals or sooner as required. Residents under ACC and YPD contracts do not require interRAI assessments. The service policy states that care planning for residents not requiring interRAI is informed by clinical assessments; however, the full suite of assessments was not consistently completed in accordance with each resident's current needs, presentation, and identified risks.</p>

		<p>Long term care plans for residents reflect the service's mixed model, household-based philosophy of care and include person centred information. However, long term care plans did not consistently reflect all assessed needs, residents' current clinical presentation, or required interventions. While care plan evaluations were completed and reassessment occurred in response to changes in residents' clinical condition; the resident file reviews identified that reassessment findings and changes arising from clinical status changes, hospital discharge instructions, medication initiation, allied health recommendations, and infections were not consistently incorporated into long term care plans or supported by short term care plans in accordance with policy requirements.</p> <p>For residents receiving dementia level care, long term care plans include documented strategies for managing behaviours that challenge, and behaviour monitoring charts are initiated where required. However, cognitive care plans do not consistently include clearly documented, and individualised interventions reflective of residents' assessed cognitive status.</p> <p>A social profile is completed, and the diversional therapist develops the cultural, spiritual, social, and activities components of the care plan in collaboration with nursing staff, residents, and family/whānau. Diversional therapy care plans are reviewed six monthly or more frequently as required, with observations and assessments communicated through multidisciplinary team reviews and incorporated into nursing care plans to support continuity and alignment of care.</p> <p>The service uses the resident's preferred general practitioner (GP) or nurse practitioner (NP) where possible. Residents are assessed within five working days of admission and reviewed regularly according to GP/NP practice arrangements. The GP/NP practice is available after hours. The clinical manager or facility manager is available 24/7 for clinical advice and decision-making. The NP was interviewed and spoke positively about the model of care. The NP stated the service is progressing in the right direction, described the nursing team as competent, and reported no observed concerns regarding the delivery of clinical care.</p> <p>Allied health support includes physiotherapy services for five hours</p>
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	<p>per week. Podiatry services are provided every two weeks. Additional allied health services (including but not limited to) speech-language therapy, dietitian, continence advisory services, hospice, wound specialist input, older persons mental health, geriatrician input are accessed as required. Allied health interventions were documented; however, recommendations were not always consistently integrated into long-term care plans.</p> <p>Healthcare assistants and RNs have a comprehensive verbal handover process(observed) at the start of each shift. Handover sheets reviewed were detailed and current. Progress notes were completed each shift by HCAs and RNs and included documentation relating to incidents, GP/NP visits, changes in health status, and other relevant updates.</p> <p>Residents and family/whānau interviewed reported that their needs are being met, and both groups confirmed that they are informed of changes in health status, including infections, incidents, GP/ NP reviews, and medication changes. This was supported by consistent documentation in progress notes.</p> <p>The wound register includes detailed wound assessments, management plans, and evaluations with photographs showing healing progression. At the time of audit, there were fourteen residents with active wounds, including a surgical wound (removal of lesion), and one unstageable pressure injury (not facility acquired). An adverse event report was completed and included a SAC report for the unstageable pressure injury. The wound care specialist nurse has yet to review the unstageable pressure injury. Healthcare assistants and RNs confirmed access to adequate clinical supplies, including wound care products, continence resources, and pressure injury prevention equipment. A senior RN is the wound champion (and has completed various trainings related to wound management and a certificate in wound debridement) to ensure that wounds are reviewed and managed consistently and appropriate wound products are utilized.</p> <p>Staff completed monitoring records including bowel charts, vital signs, weights, food and fluid intake, pain, behaviour monitoring charts, blood glucose monitoring, repositioning records, and restraint monitoring (where required). Neurological observations are completed</p>
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		for unwitnessed falls and suspected head injuries in accordance with policy.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The quality of life programme is a formal quality improvement initiative aligned with the Hawthorndale Care Village model of care. The programme supports the small-household, community-based philosophy by promoting routine, meaningful engagement, cultural responsiveness, spiritual wellbeing and social participation across rest home, dementia, and hospital-level services.</p> <p>The service employs a full-time diversional therapist (Monday to Friday), supported by three full-time activities assistants and volunteers, including pastoral and chapel helpers. The programme is structured yet flexible and responsive, are tailored to residents' interests, abilities, cultural identity, and spiritual preferences.</p> <p>Social profiles and cultural care plans are completed on admission and reviewed six-monthly. The diversional therapist is responsible for the development and review of these plans in collaboration with the multidisciplinary team. The resident and their family/whānau contribute to the resident's life history and preference information to ensure residents' routines, identity, interests, and meaningful activities are accurately reflected in individualised activity planning.</p> <p>The physical layout of the village is intentionally utilised to enhance participation. The streetscape design (incorporating streets rather than traditional corridors) supports safe walking groups and independent mobility (throughout the village environment). Residents engage in guided and self-directed walking throughout the village, promoting physical activity, orientation, and independence. Outdoor spaces, including vegetable gardens, are incorporated into the programme to provide opportunities for gardening, sensory engagement, and participation in familiar domestic-style activities.</p> <p>The activities programme includes structured large-group sessions promoting cognitive stimulation, physical movement, spiritual wellbeing, and social connection. Smaller low stimulation group sessions are held twice weekly within household settings. Individual engagement (one on one) is provided daily between 3:30pm and 4:30pm for residents requiring quieter interaction, including sensory</p>

		<p>engagement, supported walks, hand massage, conversation and reminiscing.</p> <p>Residents identified as socially withdrawn or less interactive are proactively supported to engage in activities aligned with their interests. Where shared interests are identified across households, residents are linked for weekly or fortnightly small group sessions to strengthen peer connection and reduce isolation risk. Household-based activities are also available for residents who choose not to attend larger group sessions.</p> <p>Social opportunities within the wider village environment include coffee club in the village café, movie sessions in the theatre, and chapel services. Whānau participation is encouraged, and families frequently attend events and activities. Van outings remain available; however, residents and families interviewed reported that walking to the village centre is often experienced as an enjoyable outing in itself.</p> <p>Cultural activities are incorporated within the programme. Monthly opportunities support engagement with Te Ao Māori. Celebrations incorporate culturally significant kai for events such as Matariki and New Year. Multi-cultural months are held twice annually and include waiata, toi, kai, and kēmu. A designated area within the village grounds supports preparation of hāngī for cultural events.</p> <p>The diversional therapist incorporates kaupapa Māori principles into daily practice, including karakia, waiata, and acknowledgement of ngā atua. Māori and Pasifika residents are supported to connect with local iwi, marae, and Māori pastoral care services where appropriate.</p> <p>Resident engagement is monitored through daily village activity statistics (attendance records) to identify participation trends and mitigate risks of isolation, apathy, neglect, or low mood. At the time of audit, the diversional therapist reported emerging positive outcomes following the recent transition into the new facility, including enhanced mobility, improved independence, and increased connection to daily village life.</p>
Subsection 3.4: My medication	FA	The service maintains a comprehensive medication management

<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>system supported by current policies and procedures aligned with legislative and professional standards. Registered nurses, enrolled nurses, and medication-competent healthcare assistants (house leads) complete annual medication competency assessments. Registered nurses hold additional competencies in the management of continuous subcutaneous infusion devices (syringe drivers), apomorphine infusion pumps, and the administration of medications via percutaneous endoscopic gastrostomy (PEG) tubes and peritoneal dialysis.</p> <p>At the time of audit, the electronic medication management system was offline due to a national outage. Contingency procedures were implemented in accordance with organisational policy to ensure continuity of medication management. Paper-based medication charts, signing sheets, and supporting clinical documentation were utilised to support safe prescribing, administration, and monitoring. Progress notes confirm that medication administration have continued without interruption. Reconciliation processes are in place to align paper-based records with the electronic system once functionality restored.</p> <p>A secure medication room is located within the nurses' hub in the village centre. The room is appropriately equipped with lockable storage, adequate preparation space, and a monitored medication refrigerator. Each household contains a locked medication cupboard for storage of weekly blister packs and daily medications. All medicines are supplied by a contracted pharmacy in blister packs and are checked against prescriptions on receipt. Any discrepancies are followed up promptly.</p> <p>Medication room and refrigerator temperatures are monitored daily and maintained within acceptable ranges. Routine stock checks are undertaken. Liquid medications and eye drops are dated on opening and expired or discontinued medicines are returned to the pharmacy.</p> <p>Medication rounds observed were conducted safely and in accordance with policy. Staff demonstrated a clear understanding of responsibilities relating to receiving, storage, administration, documentation, monitoring, and disposal of medicines.</p> <p>A review of eighteen medication charts confirms that prescribers'</p>
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		<p>complete medication reviews within three-monthly timeframes. Charts include documented allergies, resident photograph identification, clear indications, and dosing instructions. Pro re nata medication (PRN) effectiveness has been consistently recorded. There were no standing orders in use, and vaccines are not stored on site.</p> <p>All over-the-counter supplements and alternative therapies are reviewed and documented by the general practitioner or nurse practitioner to ensure safe integration within the resident's medication regimen.</p> <p>Policies and procedures support safe self-administration where appropriate; however, no residents were self-administering medications at the time of audit.</p> <p>Residents and whānau are consulted regarding medication changes, including indications and potential side effects. The clinical manager confirmed that appropriate support, advice, and treatment pathways are available to Māori residents and whānau to support equitable access to medication.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Hawthorndale Care Village has food service policies and procedures to guide staff in the management of food services, including the requirements of the new household-based model. The café in the village centre is open seven days a week to the residents, public and visitors. Residents are able to enjoy morning or afternoon refreshments there before attending exercise classes, chapel or movie sessions.</p> <p>The kitchen coordinator (chef) and café coordinators to Hawthorndale Care Village provide café food, and during the winter, they make soup for all the houses. The kitchen coordinator completes the food ordering for all the houses; this includes special and modified food requirements. Food service assistants pack meal bags including meat, fresh vegetables, fruit, dry goods, and snacks. The meal bags are packed in a designated area where information about residents' allergies and preferences are checked. There is a chiller, fridges, and freezer in this area and the temperatures are monitored electronically. Out of regular hours, RNs have access to additional supplies if</p>

	<p>needed. The kitchen coordinator also includes restocking of essential items and stock taking of what is in the pantry. A special baking container is kept with baking essentials. The food services facilitator (interviewed) oversees the entire food service as well as the education and training of staff in the food service. A food control plan is in place for the café, and this covers each house.</p> <p>All meals and baking are prepared and cooked within the fully functional kitchen in each house. A four-week menu is in place. A seasonal summer and winter menu has been reviewed by the dietitian. Food and cultural preferences are encompassed into the menu and residents are encouraged to share traditional, family/whānau and/or personal recipes for the village menu. The house leads are responsible for coordinating the menu in each house including preparing and serving meals and baking each day. Resident preferences are kept on a list in each pantry and updated, as necessary. Residents are encouraged to participate in daily household activities including cooking and baking as able and desired. There is flexibility around the cooking methods without altering the nutritional value or protein for the main meals (lunch and dinner).</p> <p>All residents have a nutritional screening and dietary profile completed on admission. Resident dislikes are known and accommodated. Modified meals (puree/soft) and high calorie/ high protein foods are delivered to each house in pre prepared food bags. Nutritious snacks are available 24 hours. The house fridges/freezers are temperature checked and recorded weekly on the electronic monitoring platform.</p> <p>On the days of the audit, residents were observed enjoying the dining experience where they had been able to experience the smell of fresh biscuits for morning tea and lunch cooking. Clothing protectors were available if necessary for residents to use and HCAs spoke of family/whānau bringing in food that met cultural requirements such as mussels, the Christmas hangi and sharing “boil ups.” Resident’s weights are monitored monthly or more frequently if required due to unplanned weight loss. The food services facilitator conducts regular resident satisfaction surveys alongside dedicated food service satisfaction surveys. These surveys monitor residents’ enjoyment of the new food service model and are intended to support improved satisfaction outcomes and weight stability.</p>
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		<p>All house leads have completed food preparation and food safety training. A staff initiative was implemented to encourage engagement and skill development in meal preparation, including a friendly competition where staff were recognised with the “Hawthorndale Master Chef” title. In addition, further cooking and meal preparation training has been incorporated into staff orientation to support staff working within the household-based model of care and to build confidence in preparing nutritious meals for residents.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The resident and family/whānau are involved for all transfers and discharges to and from the service and are informed of options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested. The RNs explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</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>A code compliance certificate has been issued for the village centre and the 13 residential houses. The men’s shed is not currently included on the code compliance certificate; however, it has recently undergone inspection and is not in use at the time of the audit.</p> <p>An annual preventative maintenance programme is implemented and includes routine electrical testing and tagging, calibration of medical equipment, call-bell testing, security checks, and monthly monitoring of hot water temperatures. Any temperature recordings outside expected parameters are documented and corrective action is implemented, including notification of a plumber where required. Calibration of medical equipment has been completed within the last 12 months.</p> <p>Maintenance and repairs are overseen by the general manager and</p>

		<p>housekeeper and maintenance supervisor (interviewed). They are supported by maintenance staff who attend to resident requests, including room personalisation such as hanging pictures and minor adjustments. The housekeeper and maintenance supervisor coordinates external contractors, including gardeners, plumbing and electrical services, to ensure ongoing safety and compliance. Essential contractors are available as required. Maintenance requests are recorded in logbooks located in the nurses station and are attended to in a timely manner, with completed tasks signed off in accordance with organisational procedures. Remedial work relating to identified. construction defects within the village centre and residential houses are ongoing.</p> <p>Hawthorndale Care Village comprises 86 care beds across 13 purpose-built households within a secure environment designed to replicate a home-like living setting. The infrastructure and spatial configuration are intentionally aligned to support the service's small household, community-based model of care, enabling safe mobility, domestic-style living, and the integrated delivery of rest home, dementia, and hospital level care. The design moves away from a traditional age care institutional layout and promotes autonomy, familiarity, and independence within a secure village environment.</p> <p>Entrance to the village is via the village centre, which functions as the central community hub. The village centre incorporates cafés, a shop, hair salon, library, theatre/music room, chapel, wellness centre, and communal gathering spaces that support social engagement and meaningful activity. Beyond the village centre, the environment opens into a thoughtfully designed streetscape with paved walkways and clearly identifiable street signage leading to individual households. The layout incorporates dementia-enabling design principles, including intuitive wayfinding cues, recognisable landmarks, and visual orientation points to support residents with cognitive impairment to navigate safely and independently.</p> <p>Designated sitting bays and rest areas are positioned throughout the village to promote safe mobility and encourage social interaction. Landscaping has been completed and was intentionally developed to create a familiar suburban environment, incorporating gardens and raised vegetable beds that support sensory engagement and</p>
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		<p>participation in everyday activities.</p> <p>Residents live in small groups of six to seven per household. Each household features domestic style kitchens, dining areas, and lounges, supporting a homely environment while maintaining clinical functionality. Each household is decorated in accordance with the preferences and tastes of the residents who live within it, supporting personal identity and a sense of belonging. Communal areas provide sufficient space to enable the safe use and manoeuvring of mobility equipment while maintaining accessibility and comfort. Bedrooms are single occupancy and of sufficient size to enable the safe use and manoeuvring of mobility equipment, including hoists, in accordance with assessed care needs. Selected bedrooms and bathrooms within each household are fitted with ceiling hoists to support residents requiring higher levels of mobility assistance.</p> <p>There are five premium houses (Houses 1, 2, 3, 5, and 13), each comprising six bedrooms with full ensembles. The remaining houses (Houses 4, 6, 7, 8, 9, 10, 11, and 12) comprise seven bedrooms. In these houses, bedrooms include a toilet and hand basin, with access to shared mobility bathrooms and toilets located in close proximity. Houses 7 and 8, 9 and 10, and 11 and 12 are constructed as duplex configurations, while the remaining houses are standalone dwellings.</p> <p>Resident rooms observed were personalised with residents' belongings and décor to support familiarity and a sense of home. Heat pumps and air conditioning units are installed in both communal areas and resident rooms to ensure comfort and temperature control. All resident rooms and communal spaces have external windows providing natural light, and the houses are well ventilated, supporting a comfortable and healthy living environment.</p> <p>The new buildings were designed in consultation with Māori advisors and to include a reflection of the aspirations and identity of Māori.</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>FA</p>	<p>Policies and procedures relating to emergency management and security are implemented and accessible to staff. The security policy outlines responsibilities for maintaining the security of the premises, including monitoring visitor access, reporting suspicious behaviour,</p>

<p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>and ensuring resident safety. After hours, security procedures are implemented in accordance with the security policy to ensure the premises are secured. An external security provider is contracted to undertake routine patrols of the premises overnight.</p> <p>A Fire and Emergency New Zealand-approved evacuation scheme is in place for the village centre and residential houses. Fire detection and alarm systems are installed and maintained in accordance with legislative requirements. Evacuation diagrams are displayed throughout the facility, and each household has emergency and evacuation flip charts available to guide staff response. Fire drills are conducted at least six-monthly.</p> <p>The service operates within a secure perimeter. Security arrangements include surveillance cameras positioned externally at the front entrance, front door of each care house, and intermittently throughout site common areas. Closed circuit television cameras operate continuously, with access restricted to authorised personnel, and cameras are not located in bedrooms, bathrooms, or toilet areas.</p> <p>Technology systems support resident safety across rest home, dementia, and hospital level services. Bed exit monitoring is used for residents assessed as high falls risk. Electronic wrist monitoring is implemented for residents requiring secure dementia level care. Hallway and front door sensors are linked to the nurses' hub (located in the village centre) and staff devices to support monitoring. Residents always have access to call-bell systems in bedrooms and communal areas.</p> <p>The nurses' hub is equipped with integrated monitoring screens that interface with electronic wrist monitoring devices, hallway sensors, and call-bell systems. The system provides real-time alerts, displays resident location information for those wearing electronic wrist devices, and identifies system faults. Where faults are detected, external contractors are engaged to rectify issues in accordance with service arrangements.</p> <p>On admission, residents and their family/whānau are oriented to the physical layout of the village and the associated security arrangements. Residents are issued with relevant access information, including entry codes where applicable. Each household is secured</p>
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		<p>with coded access during overnight periods, and authorised family members are provided with access codes or a security fob.</p> <p>Emergency provisions are maintained to support residents and staff in the event of a civil defence emergency or utility disruption. Each household maintains emergency food supplies, continence products, and first aid kits. Additional food stocks are available within the village centre to sustain residents for several days. Emergency water supplies are stored at appropriate levels per person, and a diesel-powered generator is available to provide alternative power in the event of mains electricity failure.</p> <p>Staff receive orientation and ongoing education in emergency procedures and security requirements. At least one staff member with current first aid certification is present on each shift.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>A registered nurse is appointed as the Infection Prevention and Control (IP&C) coordinator and oversees infection prevention and control across the service. The job description outlines the responsibility of the role. The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The IP&C programme is linked into the quality risk and incident reporting system.</p> <p>The IP&C programme is reviewed annually by the management team, infection prevention and control committee, and infection control audits are conducted. Infection rates are presented and discussed at staff and quality meetings. Infection surveillance data is reviewed by the management team and benchmarking occurs internally. Infection control is part of the strategic and quality plans. The board receives reports relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources, and costs associated with infection prevention and control, and anti-microbial stewardship (AMS) monthly, including any significant infection events.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Health New Zealand, the general practitioner, and</p>

		<p>nurse practitioner.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control programme includes an outbreak and pandemic plan. The service has a pandemic response plan which details preparation and response processes for the management of lockdown or restricted access, screening, transfers into the facility and positive tests.</p> <p>The IP&C coordinator has completed online education and completed practical sessions in hand hygiene and personal protective equipment (PPE) donning and doffing. The IP&C coordinator a member of the College of Infection Prevention and Control, with the college providing access to expert advice. Further external support from the GP, NP, laboratory, and Health New Zealand infection control nurse specialist. There is enough PPE equipment available as required.</p> <p>The IP&C manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the management team, and all policies are available to staff.</p> <p>There are policies and procedures in place around management of reusable and single use equipment, and compliance is monitored through the organisation's internal audit programme. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo Māori information around infection control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention that acknowledge the spirit of Te Tiriti o Waitangi.</p> <p>The IP&C policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around pandemic responses and staff are informed of any changes at handovers, and</p>

		<p>electronic messages. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated on policies and procedures through resident meetings, newsletters, and emails. Posters regarding good infection control practise are displayed in English, Te Reo, and are available in other languages.</p> <p>There are policies that include aseptic techniques for the management of indwelling urinary catheters and wounds to minimise healthcare acquired infections (HAI). The infection control coordinator has input into the procurement of high-quality consumables, personal protective equipment (PPE) in collaboration with the clinical manager. The building is new and the IP&C coordinator and their iwi links had input in the design of the building. The same process will be followed when significant changes are proposed to the existing buildings.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial stewardship policies and procedures policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial stewardship policy is appropriate for the size, scope, and complexity of the resident cohort. The service implements Te Whata Kura guidelines related to antimicrobial stewardship. Infection rates are monitored monthly and reported to the staff, quality, and management meetings. The Board is informed of any infection issues via the GM. Any areas for improvement when evaluating the progress of AMS activities are identified. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p>	FA	<p>Infection surveillance is an integral part of the infection prevention and control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and</p>

<p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>analysed for trends. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practised.</p> <p>Infection control surveillance is discussed at staff, quality, and management meetings. The service has incorporated ethnicity data into surveillance methods and data captured is easily extracted. Internal benchmarking is completed by the infection control coordinator, meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service has successfully reduced fungal infections with bicarbonate of soda washes.</p> <p>The service receives information from Health New Zealand for any community concerns. There have been two outbreaks (Influenza A in August 2025; Covid-19 in October 2025) since the opening of the new facility. The facility followed their outbreak and pandemic plan. There were clear communication pathways with responsibilities and include daily outbreak meetings and communication with residents, family/whānau, and staff. Case logs were completed (sighted). Staff stated the implementation of the outbreak plan was swift and successful.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are organisational policies and procedures around waste management, chemical safety, use of personal protective equipment, laundry, and cleaning processes.</p> <p>Each household has a resident laundry with a washing machine, dryer, and ironing board to facilitate residents` undertaking their own personal laundry, with support by staff. Adequate lighting is provided, and there is adequate space for small amounts of washing. A separate laundry housed in a designated building is used for the laundering of kitchen linen and mopheads. The laundry areas were seen to have a defined clean-dirty workflow. All other laundry is outsourced, and is collected, and delivered daily. There is adequate linen in the cupboards in each house.</p> <p>There is a lockable cupboard in the laundry in each house for storage</p>

		<p>of household chemicals. Each laundry has a separate handwashing facility, and adequate bench space with a large basin. All cleaning staff and healthcare assistants have completed chemical training as part of their orientation and through the annual training programme. There is a team of five cleaning staff that work over five days a week, with the option to work up when required. The cleaner and laundry person interviewed stated they have all the equipment required to complete their tasks. Cleaning trolleys were locked away when not in use.</p> <p>Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit.</p> <p>Cleaning and laundry services are monitored through the internal auditing system and is overseen by the infection control coordinator. The IP&C coordinator described sluicing processed and risk mitigation processes (in the absence of a sanitizer) related to the cleaning of urinals and commode bowls. These were sighted as being effective.</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>There is a comprehensive restraint policy that reflects the service's commitment to restraint minimisation and elimination. The policy defines restraint classifications, including personal, physical, and environmental restraint. Restraint is authorised only as a last resort following documented assessment, de-escalation strategies, and consultation with the resident and family/whānau. At the time of audit, there were no residents on restraint.</p> <p>Environmental controls within the village include secured perimeter access and automatic locking of doors after hours. Residents assessed as cognitively intact are provided with keypad access codes to enable independent exit. Residents assessed as requiring secure dementia level care are supported through electronic wrist monitoring systems that interface with exit doors to mitigate wandering risk.</p> <p>The clinical manager is appointed as the restraint coordinator and maintains oversight of restraint processes and the restraint register. Restraint data (zero used) is reported monthly to the board and</p>

		discussed at quality management and clinical meetings as part of governance oversight and monitoring. Staff receive restraint minimisation training at induction and annually, including behaviour management and de-escalation strategies.
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	<p>PA</p> <p>Moderate</p>	<p>The service undertakes clinical and non- clinical internal audits at defined intervals. Any corrective actions required as a result of internal audits are implemented with progress noted and sign off when completed. The service undertakes benchmarking against relevant performance indicators identifies trends from the analysis of data and responds with quality improvement activities where required.</p> <p>There were complaints made where family/whānau requested some changes to be made in the care of their relatives. There were corrective actions documented but progress against these corrective actions and sign-off confirming implementation</p>	<p>(i).There were corrective actions related to complaints documented but progress against these corrective actions and sign-off confirming implementation were not consistently documented.</p> <p>(ii).Issues raised during meetings were not always documented as allocated, implemented or closed off.</p>	<p>(i).Ensure that corrective actions related to complaints are documented as followed up and implemented.</p> <p>(ii).Ensure that issues raised during meetings are documented as allocated, implemented and closed off.</p> <p>60 days</p>

		<p>were not consistently documented.</p> <p>The meetings policy states that actions arising from meeting minutes are to be time-specific, allocated for completion and signed off once completed to verify that the required actions have been implemented. The policy also requires that the effectiveness of corrective actions or quality improvements reviewed and documented in subsequent meeting minutes. Meetings occurred as scheduled and were fully documented. However, when issues are raised during meetings it was not always clearly documented in meeting minutes or subsequent meetings that these issues were followed up, allocated or signed off when completed.</p>		
<p>Criterion 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>	<p>PA Moderate</p>	<p>The adverse event management policy outlines processes to ensure adverse events are identified, documented accurately investigated and used as learning opportunities to support continuous improvement and system safety. The policy also emphasises open disclosure, engagement with residents and family/whānau, and the development of corrective and preventive actions following investigation of adverse events.</p> <p>Contact details for residents' nominated family/whānau</p>	<p>(i). Twelve of twenty-five adverse event forms reviewed did not evidence family/whānau notification, and there was no corresponding documentation in the progress notes.</p> <p>(ii). Eight of twenty-five adverse event forms did not evidence documented immediate follow up, investigation and corrective actions.</p>	<p>i). Ensure that adverse events evidence family/whānau notification.</p> <p>(ii). Ensure that adverse events evidence documented immediate follow up, investigation or corrective actions.</p> <p>60 days</p>

		<p>representatives are recorded in the electronic resident management system. The policy requires that all notifications to family/whānau regarding adverse events are documented, including the date and time of notification.</p> <p>Adverse events are documented on the electronic management system. The policy states the clinical manager must document the adverse event and the follow-up (investigation and corrective actions) of the adverse event including any treatment provided and preventive measures to be implemented.</p> <p>A sample of 25 adverse events (between November 2025 and February 2026) were reviewed. Events included pressure injuries, medication errors, choking events, falls (witnessed and unwitnessed). A review of these records identified documentation gaps related to family/whānau notification (noting no information in the progress notes either) immediate follow up or subsequent investigations documented including evidence of corrective actions or preventative measures.</p> <p>Interviews with family/whānau stated they are informed of any events that might adversely affect their relative's wellbeing. Staff have completed training in adverse event reporting. Registered nurses also</p>		
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		completed training related to care documentation within the last 12 months.		
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>There are sufficient staff allocated to meet the resident needs. Residents interviewed stated they feel safe at night and can hear staff when they do their night rounds to check on them.</p> <p>At the time of the audit, the service had 80 residents in care. The service has additional staffing requirements related to the ARRC mixed model of care (for more than 60 residents) during the day shifts.</p> <p>There are two HCAs and two RNs rostered on nights shift. However, the ARRC mixed model of care requires a fifth person overnight which is currently not rostered.</p> <p>The number of nights staff on the roster for a mixed model of care contract has not been met.</p>	<p>There are two HCAs and two RNs rostered on nights shift. However, the ARRC mixed model care clause F17.4B (for more than 60 residents) required a fifth person overnight “to be available at the facility and on call”; which is currently not rostered.</p>	<p>Ensure to meet the additional staffing requirements (for more than 60 residents) as stated in clause F17.4B.</p> <p>90 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker</p>	PA Moderate	<p>The service has comprehensive policies to guide assessment, care planning, and evaluation. Registered and enrolled nurses are responsible for completing clinical assessments (including interRAI assessments where required), developing resident-centred interventions, and evaluating care delivery at least six-monthly or earlier if residents’ needs change.</p>	<p>(i). For two residents (one YPD and one ACC), the required suite of clinical and risk assessments had not been fully completed to form a comprehensive basis for care planning.</p> <p>(ii). Risk assessments related to specialised mobility equipment were not completed for two residents, and corresponding risk management</p>	<p>(i)-(iv). Ensure interventions include sufficient detail to manage the care and needs of the residents.</p> <p>60 days</p>

<p>undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service integration as required.</p>		<p>Assessment outcomes are intended to inform long-term care plans and guide care delivery.</p> <p>Review of nine resident files identified that long-term care plans did not consistently demonstrate integration of assessment findings into sufficiently detailed, clearly articulated, preventative, and directive interventions aligned to assessed needs. While residents’ diagnoses and some assessment information was documented, required clinical and risk assessments were not consistently completed in accordance with resident presentation and policy expectations. Early warning signs and escalation guidance for identified health conditions were not consistently documented. As a result, care plans did not always provide adequate detail to support consistent delivery of care or guide staff monitoring, response, and escalation in line with residents’ assessed needs.</p>	<p>strategies were not clearly reflected in the long-term care plans.</p> <p>(iii). Three residents with identified medical conditions (deep vein thrombosis, seizure disorder, and diabetes mellitus) had care plans that did not clearly document early warning signs, escalation guidance, or condition-specific management interventions (including hypo- and hyperglycaemia management) to support monitoring and timely response.</p> <p>(iv). The long-term care plans for two residents receiving dementia-level care were not updated to reflect current living arrangements and did not clearly document individualised interventions aligned with assessed cognitive impairment.</p>	
<p>Criterion 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined</p>	<p>PA</p> <p>Moderate</p>	<p>The clinical documentation and report writing policy requires that changes to long term care plans be made as changes occur within each evaluation</p>	<p>(l). Hospital discharge instructions, including brace management, wound care, medication requirements, follow-up appointments, and escalation</p>	<p>(i)-(ii). Ensure hospital discharge instructions and post-operative care requirements are</p>

<p>intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>period (six monthly). Where changes occur between evaluation periods, the care plan must be updated immediately to reflect the resident's current needs, function, and required level of assistance.</p> <p>In addition, short term care plans must be developed for the assessment, management, and evaluation of acute clinical issues, including infections, post-procedural care, medication changes, pain exacerbation, and changes in mobility or cognition.</p> <p>Resident file review identified that changes in clinical status, hospital discharge instructions, medication initiation, and infections were not consistently reflected updates to the long-term care plans or supported by the development of short-term care plans. The care plans did not consistently demonstrate that changes had been formally evaluated, incorporated, or transferred into the long-term care plan in accordance with policy requirements.</p>	<p>guidance, were not incorporated into the long-term care plan for a resident on an ACC contract.</p> <p>(ii). Post-operative care following tooth extraction was not supported by a short-term care plan to guide pain management and oral care for a hospital level care resident.</p> <p>(iii). Dietitian recommendations were not incorporated into the long-term care plan to reflect updated nutritional management requirements for a hospital level care resident.</p> <p>(iv). Initiation of a new medication was not supported by a short-term care plan to guide monitoring of effectiveness and potential side effects for a rest home level care resident.</p> <p>(v). Infections for two residents (one hospital and one dementia level care) were not supported by a short-term care plan to guide monitoring, management, and evaluation.</p>	<p>incorporated into care plan interventions.</p> <p>(iii). Ensure allied health recommendations are incorporated into long-term care plans.</p> <p>(iv)-(v). Ensure that short term care plans are initiated for new medications and acute infections.</p> <p>60 days</p>
<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</p>	<p>PA Low</p>	<p>A Code Compliance Certificate has been issued for the village centre and the 13 residential houses in accordance with the Building Act 2004. Preventative maintenance systems are in place to ensure ongoing compliance with relevant</p>	<p>The men's shed is not currently included within the Code Compliance Certificate.</p>	<p>Ensure to obtain code of compliance certificate for men's shed.</p> <p>180 days</p>

<p>being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>		<p>legislation. The environment has been designed to support delivery of rest home, dementia, and hospital level care within a secure village setting.</p> <p>The men's shed, located within the village grounds, is not currently included on the existing Code Compliance Certificate. At the time of audit, the men's shed was not in use and remained locked. The structure has recently undergone inspection, and formal inclusion within the Code Compliance documentation is pending.</p>		
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.