Oakwoods Lifecare (2012) Limited - Oakwoods Retirement Village

Introduction

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

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking here.

The specifics of this audit included:

Legal entity: Oakwoods Lifecare (2012) Limited

Premises audited: Oakwoods Retirement Village

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

Dates of audit: Start date: 19 March 2026 End date: 20 March 2026

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 45

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 haumaru │ 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

Oakwoods Retirement Village is part of the Arvida Group. Oakwoods Retirement Village provides hospital and rest home level of care for up to 48 residents in the care facility, and 43 apartments that are certified for rest home level care. On the day of audit there were 45 residents, including one resident in the serviced apartments.

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

The village manager is appropriately qualified, they are supported by a clinical manager, and a team of experienced care and support staff. There have been changes made to the management team since the previous audit. There are quality systems and processes being implemented. Feedback from residents and families/whānau is positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The shortfalls identified at the previous audit relating to care plan timeframes; care plan interventions; monitoring the effectiveness of medication; and self-administration of medication process, have all been addressed.

This surveillance audit identified a shortfall pertaining to maintenance.

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.

There is a Māori health plan in place. The service recognises Māori mana motuhake, and this is reflected in the Māori health plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples embracing their worldviews, cultural, and spiritual beliefs. Staff demonstrated an understanding of resident's rights and obligations, and ensures residents are well informed in respect of these.

There was no evidence of abuse, neglect, or discrimination. Staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances. The complaints process is responsive, fair, and equitable. Complaints are managed in accordance with the Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service are fully attained.

Oakwoods Retirement Village business plan includes mission and values statements and operational objectives that are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori. The service has established quality and risk management systems that take a risk-based approach, to meet the needs of residents and their

staff. There is process for following the National Adverse Event reporting policy, and management have an understanding, and comply with statutory and regulatory obligations in relation to essential notification reporting.

Quality improvement projects are implemented. Internal audits are documented as taking place as scheduled, with corrective actions as indicated. There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service are fully attained.

The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family whānau input. Care plans demonstrate service integration. Resident records included medical notes by the contracted general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. Nutritious snacks were available 24/7.

All resident's transfers and referrals are coordinated with residents and families/whānau.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service are partially attained and of low risk.

The building holds a current building warrant of fitness. The environment is inclusive of people's cultures and supports cultural practices. All equipment has been tested, tagged and calibrated as scheduled. There have been no changes to the facility since the previous audit.

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.

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

Surveillance data is undertaken, including the use of standardised surveillance definitions. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Surveillance information is used to identify opportunities for improvements.

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.

The service aims for a restraint-free service, and this is supported by the governing body and policies and procedures. The provider has not used any type of restraint long term now. Elimination of restraint use is included as part of the care staff orientation education and is included as part of the mandatory annual training plan. Staff demonstrated sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative solutions.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	17	0	1	0	0	0
Criteria	0	48	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

For more information on the different types of audits and what they cover please click here.

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	A Māori health plan is documented for the organisation, which Oakwoods Retirement Village utilise as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. At time of audit there were no residents who identified as Māori. Staff are employed that identify as Māori. Review of documentation and discussion with staff confirmed how they ensure services are delivered in a culturally supportive manner, and how any future Māori residents will be supported within the environment.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	Oakwoods Retirement Village uses a model of care that reflects the values and beliefs which underpin the health service provision to Pacific people. At time of audit there were residents residing in the facility who identified as Pasifika. Staff who identified as Pasifika were employed at time of audit. Staff confirmed an awareness of and understanding of Pacific culture, values, beliefs and were knowledgeable about how to access community support for Pacific individuals when required.

Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	A welcome package is provided that contains details about the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). The Code is displayed in English and te reo Māori within posters and brochures available throughout the facility. All staff interviewed (the village manager, clinical manager, six wellness partners, three registered nurses (including the clinical coordinator and infection prevention coordinator), one food services manager, one property manager, and the senior administrator) understood their responsibilities in relation to the Code. The residents interviewed (three rest home), were aware of their rights and confirmed that staff upheld these.
Subsection 1.5: I am protected from abuse 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.	FA	Oakwoods Retirement Village policies guide staff to prevent any form of discrimination, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property, including an established process to manage residents' finances (electronic), as confirmed by an administrator. All staff are trained in and are aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff demonstrated an understanding of professional boundaries when interviewed.
Subsection 1.7: I am informed and able to make choices 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. 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. 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	FA	There are policies around informed choice and consent. Staff and management confirmed their understanding of the organisational process to ensure informed consent for all residents (including Māori, who may wish to involve whānau for collective decision making). Resident files reviewed included general consent forms and consents for influenza vaccinations. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA) where this has been activated. All documentation regarding EPOA and activation is on file. Interviews with resident's family/whānau confirmed their choices regarding decisions and their wellbeing is respected.

and their ability to exercise independence, choice, and control.		
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. 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.	FA	The service had a complaints policy/procedure in place that was available to staff, residents, family/whānau and visitors. The complaints policy provided information related to complaints information, processes and timeframes required to identify, manage and respectfully respond to complaints in keeping with right 10 of Code. There had been 13 internal complaints since the previous audit. All internal complaints had been addressed following policy and procedure and were closed. There has been one external complaint which was lodged with Health and Disability Commissioner (HDC) in 2022. The provider has supplied all the information requested regarding the HDC complaint, but at time of audit, the HDC were yet to advise the provider of the outcome. Solid processes are well entrenched and all staff cognisant of the importance of following up on and escalating any concerns or negative feedback received. Residents and family/whānau (three rest home level) interviewed confirmed the facility takes a reactive response to any issues raised and their response was swift. Complaint forms are located at the entrance and in visible places throughout the facility, or on request from staff. Residents or relatives making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori and English. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The village manager acknowledged their understanding that for Māori, there is preference for face-to-face communication and to include whānau.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the	FA	Oakwoods Retirement Village is part of the Arvida Group. The service is certified to provide rest home, and hospital (medical and geriatric) level care for up to 48 residents in the care facility (dual purpose beds), and 43

communities they serve. 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. 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.		apartments that are certified for rest home level of care. At the time of audit there were 45 residents. There were 27 rest home residents (including one receiving respite care in the care centre, and one resident residing in the serviced apartments), and 18 hospital level residents (including one receiving accident compensation corporation (ACC) funding and one receiving respite care). The remaining residents were on the age-related residential care ARRC contract. There are no double rooms within the facility. There are several governance bodies within the Arvida Group. The Arvida Group Limited Board of Directors consist of five professionals, each bringing their own skills and expertise. This group provides strategic guidance and oversight for the executive team. The Arvida executive team comprises of ten experienced executives who oversee the implementation of the business strategy and day to day management of the Arvida Group business. Confirmation of the company's compliance with legislative, contractual, and regulatory requirements was provided. The organisation's vision and values are posted in visible locations throughout the facility and are reviewed annually. The directors receive progress updates on various topics, including staff and resident incidents, human resource matters, and escalated complaints. The current business plan reflects links with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The service has identified external and internal risks and opportunities that include addressing possible inequities, and how these inequities plan to be addressed. Goals are regularly reviewed, with evidence of sign off when met. Clinical governance structure was developed in 2023 and was approved by the Board. The group includes resident representatives, "touchpoints" across different areas of expertise, and clear links to Māori, clinical governance groups, and the clinical indicator steering groups. Clinical governance at Oakwoods Retirement Village is led by the clinical manager. There are weekly updates given at handover and these talks focus on current clinical focus areas, and the implementation of core values within the service. Monthly reports to the directors reflect evidence of communicating quality and risk activities.

Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.	FA	Oakwoods Retirement Village is implementing the organisational quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through collection of clinical indicator data. The village manager, clinical manager and clinical coordinator lead and implement the quality programme. The programme involves all staff, with every staff member expected to be active in implementing a quality approach when at work, and participating in the quality programme. The service is implementing the organisation's internal audit programme that includes all aspects of clinical care. Relevant corrective actions are developed and implemented to address any short falls. Progress against quality outcomes is evaluated. Reports are completed for each incident or accident, with immediate action noted and any follow up action(s) required, evidenced in four accident/incident forms reviewed (behaviour, unwitnessed falls, and skin tears). Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Opportunities to minimise future risks are identified by the clinical coordinator and clinical manager. Relatives are informed following incidents. The clinical coordinator collates all the data and completes a monthly and annual analysis of results which is provided to staff. Results are discussed in staff meetings, with meeting minutes displayed on staff noticeboards. Monthly staff, and clinical/quality meetings provide an avenue for discussions in relation to quality data; health and safety; infection prevention; benchmarking, complaints received; staff; and education. Discussion with the clinical coordinator and review of documentation evidenced that the provider uses the plan, do, study, act (PDSA) framework to guide staff to implement and evaluate improvements made to service delivery. The outcomes of which are shared within the appropriate staff meeting. Meeting minutes sighted evidenced that meetings are occurring as scheduled. Resident family/whānau meetings are occurring as per schedule, with resident's family/whānau interviewed stating they find the meetings helpful to find out what is happening within the home, and have an opportunity to give feedback. The last resident and family/whānau satisfaction survey results were completed in February (2026). The results are due to be shared with the team shortly. The village manager confirmed the 2025 survey results evidenced high satisfaction with all key areas of

		service delivery. Where results were less than optimal, a corrective action plan was implemented and the issue addressed. A health and safety system is in place. Hazard identification forms are completed, and up-to-date register was reviewed. Health and safety is discussed at staff meetings. Staff have completed training related to health and safety. Staff are kept informed on health and safety issues through the handover process and staff meetings. Discussion with the village manager evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. A S31 notification was completed when the clinical nurse manager commenced their role in November 2025. Additional S31 notifications have been completed for resident events, and the nationwide electronic medication management system outage. The provider implements the Severity Assessment Code (SAC) rating and triage tool to assess the severity of adverse events, determine the requested reporting levels, and guide review processes. There is an outstanding coroner's enquiry at time of audit. Oakwoods Retirement Village has provided all information requested and are awaiting the outcome.
Subsection 2.3: Service management 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.	FA	A policy is in place for determining staffing levels and skills mix for safe service delivery and defines staffing ratios to residents. Rosters implement the staffing rationale. The village manager works full time Monday to Friday. They take overall responsibility for the facility 24/7. After-hours support is shared with the senior administrator. The clinical manager works full time Monday to Friday. They provide after hours on-call clinical support in tandem with the clinical coordinator. Senior wellness partners are spread over the morning, afternoon and night shifts. Separate cleaning and laundry staff are rostered. Staff on duty on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents and family/whānau interviewed. Staff interviewed stated that the staffing levels are adequate for the resident needs, and that the management team are very supportive. The organisation has recently completed a "Blueprint" review of staffing, with the aim to ensure a consistent staffing model is in operation across all facilities. Staff interviewed stated that after an initial concern regarding what the outcome would be, they advised it was a well-managed process and believe the staffing structure is now more appropriate. Residents and family/whānau members interviewed reported

		that they believe that staff numbers were adequate. There is an annual education and training schedule completed for 2025 - 2026. The education programme exceeds eight hours annually. The education and training schedule lists compulsory training, which includes Code of Rights; informed consent; restraint; challenging behaviour; Pacific values; Māori health (values, beliefs, tapu, noa, and end of life); wound management; and medication management. There is an attendance register for each training session and an individual staff member record of training electronically. Educational courses offered include in-services, online, and competency questionnaires. All wellness partners are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications. Of the current wellness partners, 13 have achieved a level four NZQA qualification, 14 have achieved level three, and four have achieved level two. Twenty-three (23) wellness partners have current medication competency and work across the care centre and serviced apartments. The registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures and treatments medication, controlled drugs, restraint, and emergencies. Additional registered nurse specific competencies include an interRAI assessment competency. At the time of audit, there were eight registered nurses who have completed interRAI training, including the clinical manager. All but the most recently employed registered nurses have current competency with syringe driver management.
Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. 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	FA	Six staff records reviewed included evidence of completed orientation, training, competencies, and professional qualifications on record where required. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Practising certificates and qualifications are validated prior to employment for all health professionals. Annual practising certificates are then monitored for compliance thereafter. 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.

clinically and culturally safe, respectful, quality care and services.		The service demonstrates that the orientation programme supports registered nurses and wellness partners to provide a culturally safe environment to Māori. Staff interviewed confirmed the orientation programme was adequate to familiarise themselves with their role, the service, and the organisation. Review of staff records, discussion with the administrator, review of the staff appraisal schedule, and discussion with staff evidenced that all staff who have been employed for a year or more, have a current performance appraisal on record.
Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	FA	Five resident records were reviewed: three rest home level (including one respite resident), and two hospital level. The clinical coordinator, and registered nurses are responsible for all resident's assessments, care planning and evaluation of care. All initial assessments and long-term care plans were completed for residents, detailing needs, and preferences. The individualised electronic long-term care plans (LTCPs) are developed, with information gathered during the initial assessments and the interRAI assessment. The respite resident had all required assessments completed, including falls risk. All LTCP and interRAI sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs (EWS) meet the residents' assessed needs, and provide sufficient guidance to care staff in the delivery of care. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. Short-term care plans are developed for acute problems, for example: infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the registered nurse. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the senior registered nurse and include the degree of achievement towards meeting the desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms. There was evidence of family/whānau involvement in care

		planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The initial medical assessment is undertaken by the general practitioner within the required timeframe following admission. Residents have ongoing reviews by the general practitioner within required timeframes and when their health status changes. There is one general practitioner (who has most residents under their care) who visits weekly and as required. The remaining residents have retained their general practitioners from another local medical practice. Medical documentation and records reviewed were current. When interviewed the general practitioner was complimentary regarding the standard of care and clinical/operational leadership. After-hours care is provided by the contracted medical practice and the local public hospital when needed. A physiotherapist is contracted to the service and provides one clinic per week. As part of their remit, they provide moving and handling training for staff and have trained moving and handling champions to support the training programme for staff. A podiatrist provides monthly clinics. Additionally, a nail technician attends to basic resident nail needs on a regular basis. Other health professionals are available by referral when required. An adequate supply of wound care products is available at the facility. A review of the wound care plans evidenced that wounds are assessed in a timely manner and reviewed at appropriate intervals. Photos are taken when required. Where wounds require additional specialist input, a wound nurse specialist is consulted. At the time of audit there was one stage II pressure injury, and a small number of minor wounds. Where required, a referral is sent to the wound specialist at Health New Zealand. Reviews of the documentation pertaining to the stage II pressure injury confirmed this is regularly reviewed and evaluated. Photos are taken to track progress or decline. The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure are completed and are up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of monitoring charts are available for

		the care staff to utilise. These include monthly blood pressure and weight monitoring, and bowel records. Staff interviews confirm they are familiar with the needs of all residents in the facility, and that they have access to the supplies and products they require to meet those needs. Staff receive a written and verbal handover (witnessed) at the beginning of each shift. Review of documentation, discussion with the clinical manager and clinical coordinator confirmed i) all initial care plans sampled for hospital level care residents are completed within the required timeframes; ii) all rest home and hospital level resident files sampled all have an initial care plan completed on admission; iii) all rest home and hospital level resident files reviewed had interRAI assessments completed within three weeks of admission. The shortfall identified at the previous audit is now closed. Review of documentation, and interview with the clinical manager and clinical coordinator evidenced that i) behaviour care plans are implemented when required ii) behaviour management issues identified within the interRAI assessment are documented within the LTCP, iii) diabetes management strategies are documented that include signs and symptoms of hypo and hyperglycaemia and management of same. The shortfall identified at the previous audit is now closed.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	There are policies available for safe medicine management that meet legislative requirements. All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. The registered nurses have completed syringe driver training. Staff were observed to be safely administering medications. The registered nurse and medication competent wellness partners interviewed could describe their role regarding medication administration. The service currently uses blister packs for medication. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored in locked cupboards and the medication trolley in the medication room. The medication fridge and room temperatures are monitored daily, with policy and procedure to guide staff to effectively address any anomalies. All stored medications are checked weekly. Eyedrops are dated on opening.

		Ten medication charts were reviewed. Each chart sampled had photo identification and allergy status identified. Indications were noted for 'as required' medications, and the effectiveness of 'as required' medication was consistently documented in the electronic medication system and progress notes. No vaccines are kept on site. There are no standing orders in use. There is documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these have been investigated and followed up. Review of resident medication records, and discussion with the clinical manager and clinical coordinator evidence that the effectiveness outcomes of 'as required' medications have been consistently documented. The shortfall identified at the previous audit is now closed. There were no residents self-administering medications. Staff interview and review of documentation confirm appropriate policy and procedure are in place to guide staff for safe management of any residents in the future who wish to self-administer their medications. Registered nurses interviewed confirmed their knowledge of the policy and procedure in place for the safe management of resident self-administration process. The shortfall identified at the previous audit is now closed.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary information and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. Residents and family/whānau interviewed confirmed the kitchen team accommodate residents' requests. There is a verified food control plan current to June 2026. The residents and family/whānau interviewed were complimentary regarding the standard of the meals served. Nutritious snacks are available 24/7.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they	FA	There are documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs, and risk mitigation. Planned discharges

know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.		or transfers have been coordinated in collaboration with the resident, family/whānau and other service providers to ensure continuity of care. Residents are referred to other health professionals when required.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	PA Low	The buildings, plant, and equipment are fit for purpose and comply with legislation relevant to the health and disability services being provided. However, the carpet in many areas is worn, with frayed edges and requires replacement. The environment is inclusive of people's culture and supports cultural practices. A refurbishment completed in 2025 of a large communal lounge at the front entrance and outdoor area has enhanced the space available for residents in the care centre, serviced apartments and village. It was noted to be well utilised on both days of audit. The refurbishment did not alter the facility footprint. The current building warrant of fitness (BWOF) expires December 2026. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours per day as required. Hot water temperature recordings reviewed had corrective actions undertaken when outside of expected ranges.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally	FA	There are infection, prevention, and antimicrobial policies and procedures that includes the pandemic plan. The programme is linked to the quality improvement programme and is approved by the governing body. The clinical coordinator leads the infection prevention programme. The Arvida clinical steering group seeks input from clinical managers regionally for infection prevention policy development and review. Policies comply with relevant legislation and accepted best practice. The infection prevention

safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.		programme is reviewed and reported on annually. The infection prevention coordinator is responsible for the delivery of education for staff. Infection prevention education forms part of staff orientation and is an integral part of annual education schedule. Topics covered includes hand washing, outbreak management, and personal protective equipment competencies.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	FA	The antimicrobial policy aims to provide a quality review of the incidents of infections, reduce the rate of infections within the facility, and reinforce basic principles of infection prevention. Infection surveillance is the responsibility of the infection prevention coordinator. All infections are entered into the electronic resident system, with a monthly collation and analysis of infections completed by the infection prevention coordinator. Any trends are identified, and corrective actions implemented. The service incorporates ethnicity data into surveillance methods and data captured around infections. Outcomes are discussed at handovers when residents have infections and staff meetings. Internal infection prevention audits are completed, with corrective actions for areas of improvement. The service receives regular notifications from Health New Zealand. Since the previous audit, there has been a Covid-19 outbreak (April 2025). Residents and staff were affected. The outbreak was appropriately managed and documented. There has been an outbreak of scabies in July 2025, with residents and staff affected. This was managed in accordance with policy and procedure and advice from a microbiologist.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	Maintaining a restraint-free environment is the aim of the service. The Board is committed to the elimination of restraint use and this is actively monitored by the Wellness and Care team. Policies and procedures meet the requirements of the standards. The Wellness and Care team are responsible for the restraint elimination strategy and for monitoring restraint use in the organisation. The designated restraint coordinator is the clinical manager. The restraint policy confirms that restraint consideration and application must be done in partnership with residents and family/whānau, and the choice of device must be the least restrictive possible. There has been no form of restraint used long term in the service. Restraint is included as part of the orientation for staff and completed annually through the education

		plan.

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)
Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples’ cultures and supports cultural practices.	PA Low	The property team ensures daily maintenance requests are addressed, and an annual maintenance plan is adhered to for all internal and external building maintenance. However, observation, review of documentation, and discussion with the village manager evidenced there are many areas of the facility where the carpet has worn, and has become frayed. The hazard has been documented on the hazard register and has been repaired in places; however, these areas have experienced high traffic volumes and has worn through again. Carpet replacement has been requested; however, at time of audit, the carpet had not been replaced.	The carpet in several areas of the facility (including communal lounges, resident bedrooms, and hallways) has become worn and has frayed. This has created a trip hazard.	Ensure all carpet is replaced. 90 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.