

The Ultimate Care Group Limited - Alden Allen Bryant

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:	The Ultimate Care Group Limited
Premises audited:	Alden Allen Bryant
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 5 March 2026 End date: 6 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:	44

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Alden Allen Bryant (formerly Ultimate Care Allen Bryant) are certified to provide rest home and hospital (geriatric and medical) level of care. There are 46 dual purpose beds certified as suitable to provide for rest home level of care. On the day of the audit, there were 44 residents.

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

The facility manager is supported by the executive team, a clinical services manager, and a team of experienced clinical and non-clinical staff. Interviews with residents, family/whānau and the general practitioner were positive and complimented the management and staff for providing a resident centred service for the community.

This certification audit did not identify any shortfalls.

The service was awarded a continuous improvement rating for the management of falls and for the decrease and management of urinary tract infections.

Ō tātou motika | Our rights

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



Subsections applicable to this service fully attained.

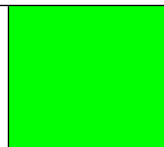
Alden Allen Bryant provides an environment that supports resident rights and safe care. Management and staff demonstrated an understanding of residents' rights. A Māori health plan is documented for the service. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. A Pacific health plan is also in place. Residents receive services in a manner that considers their dignity, privacy, and independence.

The management and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents. Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) are included in the information packs given to new or potential residents and family/whānau.

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



Subsections applicable to this service fully attained.

Alden Allen Bryant is part of a wider investment group and is privately owned. The service is led by a governing body. Services are planned, coordinated, and are appropriate to the needs of the residents. Alden Allen Bryant has a documented quality and risk management system. A robust health and safety programme is implemented, and hazards are reviewed on a regular basis.

There are human resources policies including recruitment, selection, orientation, staff training, and development. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. There is policy to guide staffing requirements including skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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

The registered nurses and management team are responsible for managing the entry process to the service. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care.

The planned activity programme provides residents with a variety of individual and group activities. There are adequate resources to undertake activities at the service.

Medication policies are available and accessible. Registered nurses and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The medicine charts reviewed are reviewed at least three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission, and all meals are cooked on site. Food and fluids for residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs are being met. The service has a current food control plan.

Residents are reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are planned and coordinated.

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

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

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All rooms have individual ensuites. There are communal toilets situated close to lounge areas with appropriate signage. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents.

Security checks are performed by staff, and the doors are locked at night.

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

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

Subsections applicable to this service fully attained.

Infection prevention and control management systems are in place to minimise the risk of infection to residents, service providers, and visitors. The infection prevention control programme is implemented and meets the needs of Alden Allen Bryant and provides information and resources to inform the service providers.

Documentation evidenced that relevant infection prevention education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection prevention practices support tikanga guidelines. Antimicrobial usage is monitored and reported on. 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.

The service has a robust pandemic and outbreak management plan in place. The internal audit system monitors for a safe environment. There has been one outbreak since the previous audit. There are documented processes for the management of waste and hazardous substances in place.

Chemicals are stored safely throughout the facility. 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 fully attained.

The restraint coordinator is a registered nurse. The facility is restraint free. Strategies to remain restraint free is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions and will only use an approved restraint as the last resort.

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	27	0	0	0	0	0
Criteria	2	166	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan policy is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim is to co-design health services using a collaborative and partnership model with Māori and Pacific, although the policy focuses on Māori. At the time of the audit there were residents who identified as Māori. The Māori health plan policy includes commitment to the concepts of Te Whare Tapa Whā model of health, and the provision of services based on the principles of mana motuhake. There is Māori representation on the Board (the organisation's lead advisor for tāngata whaikaha, whānau and Te Tiriti matters). They support the organisation to ensure that there is meaningful implementation of the Māori Health plan occurs at all levels.</p> <p>The links in place with local Māori ensures that Māori residents are supported to navigate all aspects of service delivery. Alden Allen Bryant is committed to providing a service that is responsive and inviting for Māori. The service currently has staff who identify as Māori and they actively seek to employ more Māori staff members.</p> <p>Staff have completed training around cultural safety and Te Tiriti o Waitangi. Residents and family/whānau are involved in resident's care planning.</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>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The plan has been created with Pasifika input. The plan addresses equity of access, reflecting the needs of Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of Pasifika.</p> <p>There were no residents identifying as Pasifika during the audit. The service actively encourages and supports any prospective staff who identifies as Pasifika during the interview process. There were staff who identified as Pasifika at the time of the audit. The facility manager outlined how they have developed and maintained links with the local Pasifika community. Individual cultural beliefs are documented in the resident's care plan and activities plan.</p> <p>The clinical services manager described how family members of any Pasifika residents admitted to care would be encouraged to be present during the admission process, including completion of the initial care plan.</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>Organisational policies and procedures are being implemented and align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their family/whānau. The Code is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy service is available to residents on the noticeboard and in the information pack. Other formats are available online. Resident meetings provide a forum for residents to discuss any concerns.</p> <p>The two managers (facility manager and clinical services manager), and staff interviewed (two registered nurses [RNs], one enrolled nurse [EN], six caregivers, one activities coordinator, three housekeepers [one laundry person and two cleaners], second cook and administrator)</p>

		<p>confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff have received education in relation to the Code at orientation and through the annual training programme, which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process. Staff completed training on advocacy services in 2025.</p> <p>The residents (four rest home) and four family/whanau (three hospital and one rest home) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. Staff confirmed their awareness of how Māori mana motuhake is recognised as described in the Māori Health Plan. Interactions observed between staff and residents were respectful.</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>There are cultural safety policies in place and resources readily available on the electronic resident management system. Resources include policies on consumer rights, diversity and inclusiveness, intimacy and sexuality, and a non-harassment policy. Policies are being implemented that align with the requirements of the HDC. Caregivers and registered nurses interviewed described how they work well together and arrange their shift to ensure they are flexible to meet each person's needs. Staff are trained around the Code at orientation and through regular in-services.</p> <p>The service recognises Māori mana motuhake as evidenced in the policy and Māori Health Plan. Alden Allen Bryant delivers training that is responsive to the diverse needs of people accessing services. Training provided in 2025-2026 included sexuality/intimacy; abuse and neglect; privacy/confidentiality; advocacy; tikanga Māori; cultural safety; and Te Tiriti o Waitangi. Staff interviewed stated they respect each resident's right to have space for intimate relationships; this was confirmed by a married couple residing in the facility. The use of te reo Māori is encouraged throughout the service.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. A</p>

		<p>spirituality policy is in place. There are a range of church services held on a rostered basis each week. The staff and management team described responding to tāngata whaikaha needs and enabling participation in te ao Māori as documented in the Māori Health Plan.</p> <p>Care staff interviewed described how they support residents to be as independent as they can be. Residents interviewed stated they are supported and encouraged to make a range of choices around their daily life. Residents can choose which activities they participate in, and it was observed that residents are treated with dignity and respect. Satisfaction surveys reviewed and interviews with family/whānau confirmed that residents and family/whānau are treated with respect.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>In the interest of minimising risk of resident abuse, all potential employees are asked to consent to a character check, police, and work history reference checks in addition to a police record check. The abuse and neglect policy is implemented. Alden Allen Bryant policies guide staff to prevent any form of discrimination, coercion, harassment, or any other exploitation. The service is inclusive of all ethnicities and cultural days are held to celebrate diversity. Staff have been provided with education on how to identify abuse and neglect in 2025. All residents and family/whānau interviewed confirmed that the staff are very careful in the way they handle their personal belongings.</p> <p>The service implements the protection of property and finances policy to manage residents' comfort funds, such as sundry expenses. All resident property are labelled at the time of admission and subsequent supply to ensure items are identified clearly as belonging to an individual resident. Residents' individual property are not used for other residents. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. Professional boundaries are defined in job descriptions and are also covered as part of staff orientation. Interviews with the management team and staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Staff interviews confirm that they would be comfortable addressing racism with management, if they felt that</p>

		<p>this was an issue.</p> <p>A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for Māori residents</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>A comprehensive information pack is provided to residents and family/whānau on admission which includes information on the Code, advocacy services, complaints, and information around service provision. Residents interviewed stated they were comfortable discussing any issues with staff. Residents and family/whānau complete annual surveys, which evidenced overall satisfaction with communication. Family/whānau interviewed confirmed they are promptly informed of any changes and of general practitioner consultations.</p> <p>There are policies and procedures documented relating to accident/incidents, complaints, and open disclosure that inform staff of their responsibility to notify family/next of kin of any accident/incident that occurs. Progress notes in the electronic resident files identified family/whānau are kept informed. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit there were residents who did not speak English. Staff and family/whānau were able to interpret for the residents. Basic phrases in the resident's primary language adorn the doors and walls of resident's rooms to guide staff in commonly used phrases.</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 family/whānau 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 hospice, wound care specialist, and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team. The management team and registered nurses described an implemented process around providing residents with time for discussion around care, to consider decisions and opportunity</p>

		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 are policies documented around informed consent. The resident files reviewed included informed consent forms signed by either the resident, the activated enduring power of attorney (EPOA) or appointed welfare guardian. Copies of enduring power of attorneys or welfare guardianship were in resident files where required. Certificates of mental incapacity and activation of the EPOA documents were on file for residents where required. Consent forms for vaccinations were also on file and appropriately signed.</p> <p>Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. The residents and family/ whānau stated they are provided with the necessary information to make decisions in accordance with resident rights and their ability to exercise independence, choice, and control.</p> <p>There is an advance directive policy. 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 family/whānau in decision-making where the person receiving services wants them to be involved.</p> <p>Admission agreements had been signed for all the files sampled.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori. The facility manager maintains a complaint/compliment register and documents all verbal and written complaints. There were three complaints received since October 2024. The complaints reviewed included evidence of investigation, follow up and reply to the complainant within the timeframes set out by the HDC. All complaints were closed at time of audit.</p> <p>A complaint received from an external agency in September 2025, was investigated internally by the national quality assurance manager and</p>

		<p>there were no findings related to the complaint. The complaint is closed off.</p> <p>The facility manager advised that complaints are discussed at the clinical governance meeting level and at the Board. A review of staff meeting minutes and staff interviews confirmed complaints and learnings/ corrective actions are shared with staff. Discussions with residents and family/whānau confirmed that they have been provided with information on complaints and complaints forms are available at reception. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. This is documented as an option in the outcome letter that is sent to the complainant.</p> <p>The resident meeting minutes sighted evidenced residents are given the opportunity to provide feedback. The residents and family/whānau all reported that any issues residents and family/whānau have are discussed with the facility manager directly and dealt with promptly. The facility manager and clinical services manager implement an 'open door' policy which was confirmed during interviews with staff, residents and family/whānau, and witnessed on days of audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Alden Allen Bryant was formerly known as Ultimate Care Allen Bryant. The Ultimate Care Group completed a rebranding to 'Alden' in April 2025 to refresh their values and their "here for you" philosophy. The service provides care for up to 46 residents assessed as requiring hospital (geriatric and medical) and rest home level care. All rooms are single occupancy. On the day of the audit, there were 44 residents: 21 rest home residents; 23 on hospital level care. All residents were on the residential aged care related agreement (ARRC).</p> <p>Alden is a New Zealand registered company with the executive team providing direction to the service. There is a governance structure in place that monitors compliance with legislative contractual and regulatory requirements. The facility manager, national quality and assurance manager and National compliance lead (who provided support for this audit) were knowledgeable around contractual and</p>

	<p>legislative requirements. There is a three-year strategic plan which is split into yearly increments in the annual business plan. The strategic plan is reviewed annually and progress towards meeting annual goals are reviewed regularly and discussed at Board meetings.</p> <p>The Board is committed to supporting the strategies laid down by Ministry of Health's 'New Zealand Health Strategy.' Objectives listed in the business plan includes a commitment to providing and assisting in the provision of good quality care to all people and to improving the health status of ethnic groups including Māori and Pacific people who do not currently enjoy the same outcomes as other New Zealanders, a belief in equity of access for all members of the community as a fundamental right in our society, and a belief in the benefits of early health interventions, proper integration of service, health education and the empowerment of people to achieve better health care. A long-term Board member ensures meaningful Māori representation regarding tāngata whaikaha, Māori, whanau, and Te Tiriti partnership matters. Confirmation was provided of the Board members completion of Te Tiriti o Waitangi and cultural safety training. The Māori representative within the Board provides ongoing advice and guidance.</p> <p>The facility manager reports quarterly on the site-specific annual business plan. The annual business plan includes the vision, mission statement, philosophy, and measurable goals. There is a weekly and monthly reporting structure to the regional manager.</p> <p>Reporting includes occupancy, finances, health, and safety; staffing; infection; complaints; quality trend and analysis; and restraint elimination. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori and tāngata whaikaha. There are staff employed who identify as Māori. Formal connections are in place with local Māori, supported and strengthened by Māori staff who offer expert support in te reo Māori and tikanga Māori.</p> <p>Clinical governance committee meets monthly and is led by the head of clinical for the organisation and includes the national clinical educator and infection control specialist, national clinical quality improvement advisor, and regional quality improvement advisors and national compliance lead. The Board meets monthly and receive comprehensive reports from the head of clinical that include reporting</p>
--	--

		<p>on quality and risk.</p> <p>The facility manager (nonclinical) has been working for Ultimate Care Limited- Alden Allen Bryant for two and a half years and have been in management roles within the Disability Sector.</p> <p>The clinical services manager (CSM) has been in the role since February 2025 and has been with the service as a registered nurse prior to the management role.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Alden Allen Bryan has an established quality and risk management system. The quality programme is designed to monitor contractual and standards compliance and the service delivery in the facility. Internal audits have been completed according to schedule and any corrective actions identified have been followed up and signed off as completed. The electronic quality management system benchmarks the quality data collated. Quality data is reported to the executive team and Board within the monthly 'reflection report' that includes reporting on occupancy, incidents, restraint, complaints medication errors, antipsychotic medication use, polypharmacy, and weight loss. Staff meetings include discussions around quality data including graphs which are benchmarked with other Alden facilities. Meeting minutes are made available to other staff who were unable to attend the meetings. Clinical services managers attend monthly national clinical quality forums where national data and actions to improve the services are shared. The head of clinical provides a clinical newsletter that is shared with all staff following the clinical quality forums.</p> <p>Facility meetings have been held according to schedule including residents and family/whānau meetings. Policies and procedures align with current good practice, and they are suitable to support rest home and hospital levels of care. Policies are reviewed a minimum of two yearly, modified (where appropriate) and implemented. New policies are discussed with staff.</p> <p>A continuous quality register was reviewed, and evidence ongoing quality initiatives related to decrease polypharmacy with the current progress documented to evidence the reduction of polypharmacy. National quality improvement initiatives include the decrease in</p>

	<p>pressure injuries; Alden Allen Bryant implemented three skin assessments per week for at risk residents to eliminate pressure injuries. The facility provided evidence of a targeted non routine practice change (from August 2025) whereby RNs participated in two hourly repositioning for residents formally identified as end of life (EOL). This expanded RN involvement from daily review to regular bedside presence addressing heightened vulnerability at end of life. This project is ongoing with evidence of improved resident outcomes, strengthened clinical oversight and alignment with national standard.</p> <p>The facility is awarded a continuous improvement rating for successfully managing falls and for the management / decrease of urinary tract infections from 2024-2026 year to date (link 5.4.4).</p> <p>Staff have completed cultural training including Te Tiriti o Waitangi to ensure all residents are cared for in a culturally sensitive way. It was confirmed that the executive team, and Board have completed cultural training. Annual resident and relative satisfaction surveys are conducted. The 2025 results have been analysed and results shared at meetings with residents, family/whānau and staff. Alden Allen Bryant improved with overall satisfaction from 4.4/5.0 to 4.9/5.0.</p> <p>Health and safety policies are implemented and monitored through the three-monthly meetings. Risk management, hazard control and emergency policies and procedures are in place. The national quality and assurance manager (also the head of national health and safety) was interviewed about the health and safety programme. The service documents incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Incidents and accidents forms are completed for all adverse events. Results are collated, analysed, and included in quality data and the reflection report. Incident data was evidenced as discussed at the appropriate facility meetings.</p> <p>Discussions with the facility manager and clinical services manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed since the last audit. Health Quality and Safety Commission (HQSC) notification was completed for a pressure injury and falls resulting in fractures. There has been an outbreak and HealthCERT was notified in a timely manner. The change in clinical</p>
--	--

		services manager was appropriately notified at the time to HealthCERT.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a staffing policy that describes rostering requirements. Acuity and clinical staffing ratios are described in the policy. The facility manager uses an acuity tool to establish safe staffing levels. Staffing is flexible to meet the changing needs of the residents. The roster reviewed provides sufficient coverage for the delivery of care. The facility manager and clinical services manager work full time from Monday to Friday. After hours support is provided for clinical and operational issues seven days per week. There is a registered nurse rostered on all three shifts. Vacant shifts are covered by part time and casual staff. In the absence of the facility manager or clinical services manager, the regional manager and the head office team provide a plan for cover.</p> <p>The facility manager confirmed that staff turnover has been low. Interviews with staff, residents and family/whānau confirmed that overall staffing is adequate to meet the needs of the residents. Review of the current and previous rosters and discussion with staff confirmed that planned and unplanned absences are covered. Good teamwork amongst staff was highlighted during the caregiver interviews. Staff and residents are informed when there are changes to staffing levels.</p> <p>The operations roster reviewed (non-clinical) evidenced separate staff are allocated to complete activities, laundry, cleaning, dining, and maintenance tasks.</p> <p>An education programme was completed as per schedule in 2025 and is being implemented in 2026 year to date. The education plan is developed by the national clinical education and infection control lead. Education topics for 2025 /2026 included manual handling; infection prevention; Covid-19 management; health and safety; hazards; restraint; abuse and neglect; pain management; continence, infection control, and fire drills. Aspects of training are discussed at handovers when reminders or updates are shared when required. The education and training schedule lists all mandatory topics. Staff have been provided with cultural safety training, including Māori equity and Te</p>

		<p>Tiriti o Waitangi. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities and health equity.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty of 26 caregivers have completed NZQA level three and above qualifications. The staff are supported by the regional quality improvement advisor that supports the preceptors facilitating the education programme.</p> <p>A competent care provision policy is being implemented. Competencies are completed by staff, which are linked to the annual in-service schedule. Additional (annual) competencies completed include medication; restraint; hand hygiene; use of personal protective equipment (PPE); fire and emergency training; cultural safety and manual handling. Four of six registered nurses (including the clinical services manager) are interRAI trained, and a further one registered nurse are enrolled. Registered nurses are supported with professional development, have completed training related to syringe driver use, palliative care management, early warning signs of sepsis and the deteriorating adult, critical thinking, and reflective practice.</p> <p>Support systems promote health wellbeing with staff interviewed advising the work environment was positive.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resource policies are in place and include recruitment, selection, orientation, and staff training and development. Staff files are held securely in the facility manager's office. Eight staff files reviewed evidenced implementation of the recruitment process, employment contracts, and police checking. There are job descriptions in place for all positions that includes personal specifications, duties and responsibilities, area of work and expected outcomes to be achieved in each position. All files evidenced completed orientation documentation and annual appraisals for staff that required them. A copy of practising certificates is maintained for all health professionals. 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. Staff interviewed stated they felt their orientation</p>

		<p>was adequate. The service demonstrates that the orientation programme supports all staff to provide a culturally safe environment for Māori. Competencies are completed at orientation.</p> <p>An employee ethnicity database is maintained. Management and staff reported they can be involved in a debrief discussion to receive support following incidents to ensure wellbeing support is provided. Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities. The Employee Assistance Programme is available to staff. An external organisation ensures staff receive support following incidents to ensure wellbeing and to safely return to work.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>The service utilises an electronic format for resident information, documentation, and data. Electronic information including policies and procedures, incident and accidents are backed up and password protected. The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The facility manager is the privacy officer.</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</p>	FA	<p>Information about the services and entry criteria are outlined in an information pack. Prior to entry, prospective residents and their family/whānau are invited to meet staff and view the facility. Policies and procedures guide staff in entry criteria and required admission documentation. Residents and family/whānau interviewed confirmed they were given accurate information about the service, and they felt welcome. Prospective residents are required to be assessed by the needs assessment service coordination (NASC) team as needing rest home or hospital level care. Residents and family/whānau confirmed</p>

<p>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>staff are respectful and communicate well with them.</p> <p>The service has a process in place if access is declined. It requires that when residents are declined access to the service, residents and their family/whānau, the referring agency, general practitioner are informed of the decline to entry. Alternative services when possible are to be offered and documentation of reason in internal files. The facility manager maintains a current enquiry decline register and confirmed a prospective resident would be declined entry if not within the scope of the service or if a bed was not available. The service completes routine analysis to show entry and decline rates, including for Māori.</p> <p>The organisation's staff are trained in cultural safety, tikanga and consult with whānau in any decision making. Strategies to reduce barriers for Māori entering the service include promotion of the use of te reo Māori in activities and signage. Discussions with family supported culturally appropriate care. Staff confirm there are relationships with Māori community groups including Māori health practitioners, traditional Māori healers, and organisations to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Seven resident files reviewed: four hospital and three rest home levels of care. All residents were on the ARRC contract. The registered nurses (RN) are responsible for all residents' assessments, care planning, and evaluation of care. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments. All residents had an interRAI assessment completed, in addition to a full suite of assessments contained in the electronic resident management system, which incorporate skin integrity, pressure injury risk, dietary requirements, communication needs, emotional, psychological, and behavioural support needs.</p> <p>Initial assessments and long-term care plans were completed for residents, detailing needs, and preferences within 24 hours of admission. The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All LTCP and interRAI assessments sampled</p>

	<p>had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs and are sufficiently detailed to provide guidance to care staff in the delivery of care.</p> <p>There are assessments and care plans to support Māori and Pasifika. Care plans reviewed showed cultural needs were identified and addressed. There is evidence of residents and family/whānau involvement in care planning and pae ora outcomes were identified. There were no barriers to care identified.</p> <p>All residents had been assessed by general practitioner (GP) within five working days of admission, who then reviews the residents at least three-monthly or earlier if required. The GP visits twice a week and services outside business hours are provided by the GP practice. The GP interviewed commented that consultations requested were appropriate and were scheduled according to priority appropriately. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist and physiotherapist visit regularly, and a wound care specialist nurse and continence nurse are available as required through Health New Zealand. Palliative aged residential care service from Te Nikau Hospital Greymouth is available to support any palliative residents if needed.</p> <p>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 a registered nurse and include achievement towards meeting desired goals and outcomes. Case conference documentation evidences involvement of family are involved in Residents interviewed confirmed assessments are completed according to their needs.</p> <p>An adequate supply of wound care products was available at the facility as sighted. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds</p>
--	---

		<p>required additional specialist input, this was initiated, and a wound nurse specialist was consulted. At the time of the audit there were ten residents with active wounds. The active wounds are lesions, skin tears, abrasions, and pressure injuries (stage one and two and unstageable).</p> <p>The progress notes are recorded and maintained in the integrated clinical records. The progress notes reviewed provided evidence that family/whānau have been notified of changes to health, including infections, accident/incidents, general practitioner visits, medication changes, and any changes to health status. This was confirmed through the interviews with family/whānau. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls as per policy. Staff interviews confirmed 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 handover at the beginning of their shift.</p>
<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>	<p>FA</p>	<p>The activities team consists of one activities coordinator, working Monday to Friday and two activities assistants who work part time between 12 and 15 hours each per week each. The activities coordinator holds a current first aid training and has commenced the diversional therapy training.</p> <p>Activities assessments and care plans are completed within 21 days of admission and are part of the long-term care plan. This is reviewed at least six-monthly at the same time when long-term care plan is evaluated. Current assessments have been completed by the registered nurses. Monthly progress notes and activity attendance records are maintained. The resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, and family/whānau connections. Staff have access to Māori and Pasifika advisors if a cultural support is needed.</p> <p>The activities programme is developed by the coordinator with the oversight of the diversional therapist at a neighbouring facility. Additional support and resources are available from the West Coast</p>

		<p>activity group meetings. The activities coordinator stated the programme has the flexibility to allow the inclusion of spontaneous events and one on one with residents as needed. Activities include physical, cognitive, intellectual, creative, and social activities. The monthly activities calendar includes celebratory themes, events and a wide range of activities that includes (but not limited to): art and craft, housie, bowls, darts, target shooting, church services, happy hour, newspaper reading, van rides, reading group and outings to other facilities. There is a strong emphasis on an exercise-based falls prevention programme that includes regular Tai Chi, Keep Fit / Move & Groove, and walking groups.</p> <p>The service facilitates opportunities for Māori to participate in te reo Māori through the use of te reo Māori in dual language signage, participation in Māori language week and Matariki, and Māori celebratory events. Activities included flax weaving, shared hangi, and boil ups. The service encourages staff to support community initiatives, including those that meet the health needs and aspirations of Māori and whānau. This was evident in connections with local churches.</p> <p>Community visitors include entertainers, preschool and school groups, pet therapy, and church services. The service has a van available for weekly (or more often) outings, and these are provided on a rotating basis. Themed days such as Valentines Day, St Patricks Day, Indian Holi festival, Wild foods, Kings birthday, Waitangi, and ANZAC Day are on the programme and celebrated with appropriate resources available. There are two monthly resident meetings.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>This audit was conducted during the MediMap national outage. Evidence included MediMap internal audits, fourteen paper-based forms, progress notes, and GP notes as evidence. Appropriate risk mitigation systems are implemented to ensure timely reviews. There are policies and procedures in place for safe medicine management. Medications are stored in locked trolleys and locked cupboards safely in a locked nurse's station. Caregivers and registered nurses' complete medication competencies. Regular medications and pro re nata (PRN) medications are delivered in prepackaged packs. The registered nurses and caregivers check the packs against the electronic</p>

		<p>medication charts, and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to the pharmacy in a safe and timely manner. All medications are stored in the nurse's station. The medication fridge and room air temperatures are checked daily, recorded, and all were within the acceptable temperature range. Eye drops were dated on opening and were within the expiry date.</p> <p>Fourteen paper-based medication charts were reviewed and met prescribing requirements. All medications are charted either regular doses or PRN. Internal auditing evidenced medication charts had photographic identification and allergy status noted. The general practitioner had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. All PRN medications had prescribed indications for use, and the effectiveness or outcome had been documented in the progress notes. Effectiveness is routinely recorded in the medication system as per internal audit evidence.</p> <p>Standing orders are not in use. All over the counter medications are reviewed by the GP and prescribed. There are four rest home level care residents who are self-administering medications at the time of the audit. All residents are assessed as competent and are reviewed by the GP three monthly. Assessment forms include the medication they self-administer. The medication competent staff confirm with the residents signed off to self-administer their own medication, and record the medication was administered on the electronic or paper-based system.</p> <p>The nurses (registered and enrolled) interviewed have processes in place for working in partnership with all residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. The nurses described discussing residents' medications with the resident and family/whānau to include any side effects and changes to medications.</p> <p>Staff received medication training in medication management as part of their annual training programme.</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>The kitchen is managed by a kitchen manager (works 32 hours per week) and is supported by cook (24 hours per week). All have food safety qualifications.</p> <p>Food preferences and cultural preferences are included in the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The second cook interviewed reported they accommodate residents’ requests, and that the service prepares food that is culturally specific to different cultures. Special occasions are catered for. On the days of the audit, the kitchen was clean and well equipped. Kitchen staff were observed following appropriate infection prevention measures during food preparation and serving.</p> <p>Residents’ nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau and enduring power of attorneys. The nutritional assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Residents’ dietary preferences were available in the kitchen folder. The menu in use was reviewed by a registered dietitian in Oct 2025.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. The residents’ weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. All cooked meals are served to the respective areas in a bain-marie. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service. The dining areas are well set up, and noise levels were kept to a minimum to ensure the dining experience was pleasurable for residents. Residents’ needs and cultural preferences were addressed.</p>
--	-----------	---

		There is a verified food control plan which expires on 27 June 2026.
<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>	FA	<p>Policies and procedures outline the process and required documentation for transfer and discharge. Where transfer to a different level of care is needed this is discussed with the GP and family/whānau before a referral is made to the needs assessment service for reassessment. Discharge and transfer are planned processes that are communicated with residents and their family/whānau.</p> <p>Residents and family/whānau are advised of options to access other health and disability services, including social support or Kaupapa Māori agencies, if indicated or requested. Where residents are transferred to the public hospital, their family/whānau is informed. Relevant documentation is sent with the resident including a printout of their current medications, care needs, resuscitation status, and a copy of enduring power of attorney documents for transfers to the public hospital. The facility uses the 'yellow envelope' transfer documentation system for transfers to another service or facility.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>There is maintenance plan in place. The maintenance officer works five days a week. The maintenance man was on leave at the time of audit. The facility manager explained any required maintenance is escalated to the help desk property team at head office and contractors are sent as required. There is an after-hours emergency number to contact whenever needed. The maintenance plan includes electrical testing and tagging equipment checks, calibrations of weigh scales and clinical equipment performance monitoring and testing (completed October 2025). There is an electronic maintenance request process. The FM reviews the maintenance request log weekly to ensure all requests have been actioned, checked by the maintenance officer, and signed off when repairs have been completed. Monthly hot water temperature tests are completed for resident areas and are below 45 degrees Celsius. Corrective actions are completed for any temperatures above the required threshold. The building has a current warrant of fitness which expires on 30 June 2026. There are essential contractors who</p>

		<p>can be contacted if needed.</p> <p>A tour of the facility was conducted. The care centre is a single level building consisting of two wings Tasman and Alpine. Each wing has a communal area. Tasman has a combined lounge and dining area with a kitchenette. Alpine has a separate smaller dining room adjacent to the main kitchen and a separate lounge. The communal areas are spacious and allow for groups or individual activities. Access to the facility is via the main entrance and all visitors and contractors are required to sign in. The facility has under floor heating throughout and individual ceiling heaters in resident rooms. There are heat pumps and ceiling heaters in communal areas. Resident rooms throughout the facility are spacious and have windows that allow for ample light and ventilation. Residents can personalise their rooms which are large enough for family/whānau to socialise with the resident. Resident's rooms allow for the safe use and manoeuvring of mobility aids. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were seen freely mobilising within the communal areas. There is access to the outdoor areas, seating, and shade.</p> <p>There are separate visitor and staff toilets as well as communal toilets close to resident communal areas such as the dining room and lounge areas. Privacy locks are on the communal and visitor toilets. All ensuite and communal toilets have paper towels and flowing soap available. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs.</p> <p>Any major refurbishments or building projects are managed through the Head office who are aware of the requirement to have Māori input into the design.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned</p>	<p>FA</p>	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. Laminated copies of emergency response information are readily available in multiple areas around the facility (reception, nurse station, common areas of each</p>

<p>and safe way, including during an emergency or unexpected event.</p>		<p>wing). The facility has a staged evacuation scheme. The fire evacuation plan has been approved by Fire and Emergency New Zealand (dated July 2010). Fire evacuation drills are carried out six monthly, last completed 18 February 2026.</p> <p>Civil defence supplies are sealed and stored in a central dedicated room. This room stores the emergency food supplies. These are checked monthly and were sighted to be current. In the event of a power outage, there is medical equipment, a gas barbeque and emergency lighting and a generator onsite. There is adequate food supply available for each resident for a minimum of seven days. There are adequate supplies in the event of a civil defence emergency. The provider has a 10,000-litre tank available (reticulated water), as well as 20 litre containers stored Tasman wing. A minimum of one person trained in first aid is always on duty.</p> <p>There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells are tested monthly by the maintenance officer. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The facility is secured at night. All entrances are locked at night and open windows have security locks. The evening staff lock the exit doors at each wing and conduct routine security checks. Family/whānau are informed of emergency procedures. On interview, staff confirmed an awareness of the process to follow should an emergency event occur.</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</p>	<p>FA</p>	<p>Infection prevention and antimicrobial stewardship (AMS) is an integral part of the Alden Allen Bryant quality programme which is linked to the strategic plan to ensure the environment minimises the risk of infection to residents, staff, and visitors. Expertise in infection prevention and control and antimicrobial stewardship can be accessed through the National clinical education and infection lead, Public Health and Health New Zealand. Infection prevention and antimicrobial stewardship resources are accessible. Any significant events are managed using a collaborative approach involving the infection control team, clinical governance committee, the general practitioner, and the Public Health</p>

<p>respond to relevant issues of national and regional concern.</p>		<p>team. There is a communication pathway for reporting infection prevention and antimicrobial stewardship issues to the Board. The clinical services manager confirmed any outbreaks are reported immediately. The infection prevention programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service.</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. 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. 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 programme has been developed by an external consultancy firm and has been approved by the clinical governance team. The infection prevention programme is reviewed yearly and discussed at three monthly infection prevention meetings and monthly quality and staff meetings. Infection prevention data is included in the monthly reflection reports which are reviewed by the infection control coordinator (Infection Prevention and AMS lead) and clinical governance committee. The infection prevention manual includes a comprehensive range of policies, standards, and guidelines. This includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff.</p> <p>Policies and procedures are reviewed three monthly by the clinical governance committee with contributions by the infection prevention coordinators across all Alden sites who meet monthly by video link. The regular reviews ensure compliance with standards and regulations. Policies are available to staff. The pandemic response plan is clearly documented to reflect the current expected guidance from Health New Zealand. The infection prevention coordinator (clinical services manager) job description outlines the responsibility of the role relating to infection prevention matters and antimicrobial stewardship (AMS).</p> <p>The infection prevention coordinator has completed external and internal infection control training including training provided through online sources. The infection prevention coordinator has access to support from Infection Prevention Specialist Services (formally Bug Control), the clinical educator, general practitioner, and public health team. The infection prevention coordinator described the pandemic plan (sighted) and confirmed the implementation of the plan proved to</p>

	<p>be successful at the times of outbreaks. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection prevention policies and practices. The infection prevention audits monitor the effectiveness of education and infection control practices. The infection prevention coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection control resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. The infection prevention resources were readily accessible to support the pandemic plan if required.</p> <p>Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. The service has infection prevention information available in te reo Māori. The infection prevention coordinator and caregivers work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed understood cultural considerations related to infection prevention practices.</p> <p>Policies and procedures are in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are monitored through the internal audit system. Infection prevention is part of facility meetings. The management team described a clear process of involvement from the infection control coordinator should there be plans for development and ongoing refurbishments of the building. Infection prevention is part of facility meetings.</p> <p>The infection prevention coordinator is committed to the ongoing education of staff and residents as described in infection prevention policies. Infection prevention is part of staff orientation and forms part of the annual staff education schedule. Staff have completed hand hygiene skin infections, standard precautions, and personal protective equipment training. Resident education occurs as part of the daily cares. Family/whānau are kept informed of extra precautions required or outbreaks and updated through emails and phone calls. Visitors are asked not to visit if unwell.</p>
--	---

		There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.
<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	There is a documented AMS programme and is approved by the clinical governance committee. The service has antimicrobial stewardship policy and monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. Compliance and the effectiveness of their AMS programme is scrutinised nationally by the clinical governance committee. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the three-monthly IPC meetings, quality, and staff meetings. Significant events are reported via the head of clinical to the Board immediately. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The general practitioner and clinical services manager provide oversight on antimicrobial use within the facility. Any areas of improvement are identified and acted upon.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection prevention programme and is described in the Alden Allen Bryant infection prevention manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into electronic infection logs. The monthly infection summary (report extracted from the electronic quality system) includes all infections including organisms and residents' ethnicity. This data is monitored and analysed for trends and patterns by the clinical services manager and is included in the monthly 'reflection report' to the Board. Infection prevention surveillance is discussed at facility meetings as confirmed by staff interviewed and review of staff meeting minutes. The infection control coordinator described developing action plans where required for any infection rates of concern.</p> <p>Short term care plans were confirmed as being utilised for residents with infections. Internal infection prevention audits are completed with</p>

		<p>corrective actions for areas of improvement. Clear culturally safe communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare acquired infection (HAI). The service receives information from Health New Zealand services for any community concerns. The infection prevention coordinator described developing action plans where required for any infection rates of concern.</p> <p>There has been one Covid-19 in December 2025. Infection outbreak logs, and documentation were maintained throughout the outbreaks. The clinical services manager discussed the reviews they completed post these events to ensure improvements were made for any future outbreak management. The infection prevention coordinator reported the individual infections were recorded on the infection logs (sighted). This included monitoring the length of the outbreak and residents and staff affected.</p> <p>The facility is awarded a continuous improvement rating for the management of urinary tract infections.</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>Policies are in place regarding chemical safety and hazardous waste and other waste disposal. Chemicals were clearly labelled with manufacturer's product labels and stored in locked areas. Cleaning chemicals are stored in a lockable cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available and current. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, masks, and disposable visors 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>There are two sluice rooms, one with a sanitiser, a stainless-steel bench and separate handwashing facilities with flowing soap and hand towels. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. The laundry assistant (interviewed) was knowledgeable around chemicals, infection control practices, and cleaning practices during outbreaks.</p> <p>There is a laundry on site with personal laundry and towels laundered</p>

		<p>by dedicated housekeepers. There are defined dirty and clean areas. Personal laundry is delivered back to residents' rooms. Household linen (bedding) is collected and delivered three times a week. Staff reported there are plenty of linen available.</p> <p>There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted to be in a good condition. The washing machines and dryers are checked and serviced regularly. The infection prevention coordinator is overseeing the implementation of the cleaning and laundry audits and is involved in overseeing infection control practices in relation to the building.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The clinical services manager (registered nurse) is the restraint coordinator and on interview outlined the services ongoing commitment to remain restraint free. This approach is supported by regional quality advisor. The restraint policy is in accordance with this standard and supports the organisation's commitment to a restraint-free environment. Review of documentation shows at the time of the audit no restraints were in place.</p> <p>The restraint coordinator has documented roles and responsibilities that relates to the role. Alternatives to restraint, behaviours that challenge, and residents who are a high falls risk are discussed at quality and staff meetings. Any use of restraint and how it is being monitored and analysed would be reported at these meetings. A comprehensive assessment, approval, monitoring, and quality review process is documented for all use of restraint. Before any approval is given the restraint coordinator must discuss this with the head of quality and clinical governance. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. A six-monthly restraint meeting is held to review all restraints. Staff have ongoing training relating to maintaining a restraint-free environment and safe practice.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>Falls incident data identified a significant increase in falls, peaking at 21 falls in March 2025, the highest monthly total in the review period. Given the known morbidity and mortality associated with falls in older adults, this was escalated as a priority quality and safety issue, requiring a service wide response beyond routine falls management. The service documented an improvement goal to achieve a minimum 10% reduction in total falls over 12 months through enhanced, multidisciplinary preventative strategies. Progress on goals were evaluated at the combined quality /staff and clinical meetings.</p>	<p>Key actions to support falls prevention strategies included: service wide falls prevention education was improved to include incident reporting; data driven identification and enhanced monitoring of residents. Interventions were added including monthly trend analysis and governance oversight; exercise based prevention programmes (Tai Chi, Keep Fit / Move & Groove, walking groups); GP led medication reviews targeting polypharmacy and high risk medications; increased hydration rounds and continence interventions; sensory screening (vision and hearing); increased physiotherapy and occupational therapy input for high risk residents; culturally responsive practice incorporating Te Whare Tapa Whā and awareness of whakamā.</p> <p>The evidence sighted includes the monthly falls</p>

			<p>data, a high-risk resident case study, monthly quality and clinical governance processes and benchmarking data against other facilities within the Alden group, which has supported accountability, shared learning, and sustainability of knowledge and skills. The data evidenced that the baseline peak of 21 falls (March 2025), had decreased to the lowest recorded in June 2025 with only five falls. This represents a 76% reduction from peak incidence. Post-intervention data has remained consistently below the baseline level with an average sustained reduction of 30–40% across the monitoring period till end February 2026.</p> <p>Overall qualitative findings confirm that the reduction in falls was supported by improved staff knowledge, strengthened clinical processes, enhanced resident engagement and wellbeing, and oversight of data now embedded at a governance level.</p>
<p>Criterion 5.4.4 Results of surveillance and recommendations to improve performance where necessary shall be identified, documented, and reported back to the governance body and shared with relevant people in a timely manner.</p>	<p>CI</p>	<p>Following the annual reporting on the IPC programme and AMS activities. The infection surveillance data identified a sustained upwards trend in urinary tract infections (UTIs) at Alden Allen Bryant from the first half of 2024 (with 11) to 21 (in the second half). This posed an increased risks to resident safety and wellbeing, including discomfort, delirium, falls, hospitalisation, and inappropriate antibiotic exposure. In response, a structured quality Improvement (QI) initiative was implemented under the Plan–Do–Check–Act (PDCA) framework. The aim of the project was to reduce the incidence of UTIs by at least 20% within 6–12 months through enhanced infection surveillance, Infection Prevention and Control</p>	<p>The service demonstrates that appropriate corrective actions were implemented in response to surveillance findings, including: delivery of enhanced Infection Prevention and Control (IPC) and Antimicrobial Stewardship (AMS) education across all clinical and non-clinical roles; strengthening of early recognition and escalation processes for UTIs, including using a recognised clinical assessment tool; implementation of hydration strategies and reinforced continence hygiene practices to reduce UTI risk factors; use of targeted, risk based interventions for residents with recurrent UTIs; ongoing monthly review of infection surveillance data through IPC, RN, and quality meetings, supported by national IPC</p>

		<p>(IPC), continence and hydration strategies, early detection, and antimicrobial stewardship (AMS).</p>	<p>governance structures. The service demonstrates measurable and sustained improvement following implementation of corrective action strategies, evidenced by:</p> <p>A reduction in UTIs in the first half of 2025 was documented [five in May 2025 to one case by June 2025]. A 54% reduction was documented in the first half of 2025. There were sustained low infection rates from July 2025 to December 2025 with a total of 10 recorded during this time. An overall reduction of 48% were documented for the second half of 2025, and 50% overall reduction between 2024-2025, significantly exceeding the original improvement target of 20%.</p> <p>There were zero UTIs reported in January 2026 and a peak of three reported in February 2026 associated with a newly admitted resident presenting with recurrent UTIs. The clinical services manager stated they believe they will be on track to sustain the low infection rate for the first half of 2026. The project evidence a strong engagement across clinical and nonclinical teams. The structured hydration rounds introduced, reinforcement of perineal hygiene practices. The improved early identification, timely management of infection and unnecessary antibiotic use improved resident comfort, safety, and clinical stability.</p>
--	--	--	--

End of the report.