

# Brooklands Elder Care Limited - Brooklands Rest Home and Memory Care

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Brooklands Elder Care Limited
<b>Premises audited:</b>	Brooklands Rest Home and Memory Care
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 17 March 2026 End date: 18 March 2026
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	28

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Brooklands Rest Home is privately owned by the Sentinel Group Investment Limited. The organisation is certified to provide rest home, hospital and dementia levels of care for up to 30 residents. There were 28 residents on the days of audit. The last audit was a provisional audit conducted when the rest home was purchased in March 2025. There have been two significant changes since the last audit. A new electronic quality and risk management system is being implemented and there have been a lot of staff changes. Brooklands Rest Home works closely with another local rest home also owned by the Sentinel Group. A number of resources, including staffing and systems are shared between both sites.

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

Day to day operations are the responsibility of an experienced operations manager. The operations manager works closely with the facility manager and clinical leader from the other site. They are also supported by a clinical coordinator, a team of registered nurses and experienced health care assistants. Feedback from family/whānau and residents was positive about the care and the services provided.

The audit resulted in one area requiring an improvement. This relates to medication management.

## Ō tātou motika | Our rights

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



Subsections applicable to this service fully attained.

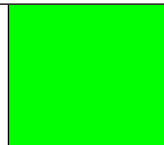
Residents receive fair and effective care, guided by Te Tiriti o Waitangi and the principles of mana motuhake. Staff receive training in Te Tiriti o Waitangi and cultural safety which is reflected in day to day practice.

All residents and their family/whānau are informed about their rights under the Code of Health and Disability Services Consumers' Rights, and these rights are respected and protected. Residents' personal identity, independence, privacy and dignity are respected and supported. Staff maintain professional boundaries. The complaints process aligns with consumer legislation.

Residents and family/whānau are given clear and easy-to-understand information. They confirmed they feel listened to and included when making decisions. Staff use open communication, and interpreters are available when needed. Family/whānau and legal representatives are involved in decision-making, as per relevant legislation. Informed choice and consent are facilitated and documented. Advance directives are followed.

## Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

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

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

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

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

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

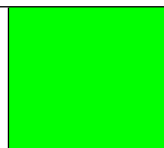
Residents can take part in a range of activities, both one-on-one and in groups. The activity programme helps residents stay connected to the community and supports the health and wellbeing of Māori and their whānau. Residents are encouraged and supported to keep doing things they enjoy, based on their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

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

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

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

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



Subsections applicable to this service fully attained.

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

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

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

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

Subsections applicable to this service fully attained.

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

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

There is no infection outbreak reported since the audit.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

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

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	0	1	0	0
Criteria	0	167	0	0	1	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The Māori Health Plan acknowledges the principles of Te Tiriti o Waitangi. The Strategic Plan includes equity. There is also a Māori Perspective of Health policy. Policies align with national strategies.</p> <p>The rest home currently had no residents who identified as Māori and one Māori staff member. The operations manager (OM) confirmed they are actively trying to reduce barriers to access, following basic tikanga practice (such as karakia/blessings), developing skills in the use of te reo Māori, displaying signage in te reo Māori, respecting mana motuhake and implementing a te whare tapa model of service delivery.</p> <p>Resident/family/whānau satisfaction surveys include cultural needs, with satisfaction noted. Management and staff have all completed cultural training (refer subsection 2.3).</p> <p>The rest home previously had an established relationship with a representative from the local iwi however this resource is no longer available. Management has approached Health New Zealand for additional kaumatua support without success. This is an ongoing discussion at aged residential care management meetings in Taranaki. There is a kaumatua residing at Brooklands on Timandra who has been able to provide some cultural support.</p> <p>The OM reported they support a Māori workforce through an equitable</p>

		recruitment process and equal employment opportunities. There is a wide range of culturally diverse staff who demonstrated their understanding of tikanga and commitment to ensuring the cultural needs of residents are met.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific Health Plan aligns with national strategies, acknowledges Pacific world views, spiritual beliefs, and models of health. The strategic plan include equity and reducing barriers to access. There were currently no residents who identified as Pacific. The OM provides equitable employment opportunities for Pacific peoples and is actively facilitating connections with the Pacific community. This includes attendance at networking groups. Resident/family/whānau satisfaction surveys include cultural needs, with satisfaction noted. Management and staff have all completed cultural training.</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>	FA	<p>Posters outlining the Code of Health and Disability Services Consumers' Rights (the Code) were displayed in English, te reo Māori, and New Zealand Sign Language in prominent areas of the facility. Staff training on the Code is provided during orientation and on an ongoing basis. This was confirmed through staff file samples and interviews. Staff were able to describe how they apply residents' rights in daily care.</p> <p>Information on the Nationwide Health and Disability Advocacy Service and pamphlets on the Code are included in admission packs and were available at the main entrance. Residents and family/whānau were aware of the Code and independent advocacy services. They stated that care is provided in a way that respects their rights and reported that the environment is welcoming and homely.</p> <p>Residents' rights are incorporated into the satisfaction survey process. Records reviewed from recent surveys indicated high levels of satisfaction with services, including respect for rights. Māori mana motuhake is upheld as guided by the Māori Health Plan (refer subsection 1.1).</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>Residents' values, beliefs, cultural identity, religion, disabilities, gender, sexual orientation, relationship status, and other social characteristics are identified and documented as part of the admission assessment process. Residents/family/whānau and enduring power of attorney (EPOA) confirmed they were consulted regarding individual values and beliefs and reported that staff respected these preferences. Observations confirmed staff maintained residents' privacy, respected personal spaces, and communicated in a respectful manner. Residents are supported to maintain independence as much as possible. They can choose to participate in preferred activities and perform personal cares where able.</p> <p>Te reo Māori and tikanga Māori are actively promoted and integrated across the service through the activities programme. Signage and information in te reo Māori was posted around the facility. Staff have completed training on cultural safety, equity, and Te Tiriti o Waitangi (refer subsection 2.3). Tangata whaikaha needs are assessed and responded to appropriately, and participation in te reo Māori is supported where required. Family/whānau described staff as warm and welcoming and confirmed that cultural and individual values are upheld in practice.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Professional boundaries, staff code of conduct, and the management of misconduct, discrimination, and abuse or neglect are covered during staff orientation, in ongoing staff training and documented in the employee handbook. Staff demonstrated an understanding of professional boundaries and described the procedures they would follow if they suspected or witnessed abuse, neglect, or exploitation. Professional boundaries are defined in job descriptions. Residents and whānau stated staff behaved in a professional manner and observe professional boundaries. A holistic approach to care, incorporating te whare tapa wha health model, has been implemented to support wellbeing outcomes for Māori.</p> <p>Policies and procedures on elder abuse and neglect outline safeguards to protect residents from harm. Systems in place include a documented</p>

		<p>complaints management process, regular residents' meetings, and satisfaction surveys. These processes also support protection against victimisation, institutional and systemic racism. Residents and family/whānau/EPOAs confirmed they had not witnessed or suspected any discrimination, racism, or abuse and were aware of the procedures for reporting concerns if required. Police checks and criminal vetting are completed as part of the employment process. The organisation has implemented a process to manage residents' comfort funds. Residents' property is recorded and labelled at admission to prevent loss.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and enduring power of attorney (EPOA) representatives receive information to support informed decision-making. Opportunities to discuss concerns are provided during admission and in ongoing review meetings. Documentation in resident records confirmed involvement of external agencies, and referrals where required. A social worker visiting residents at the time of the audit expressed satisfaction with communication from the clinical team.</p> <p>Family/whānau and EPOAs stated they were kept well informed about changes to their relative's health status, including incidents, accidents, medical reviews, and general updates. Records of communication via phone and email were maintained. Staff demonstrated understanding of open and effective communication principles, which are outlined in policies and procedures consistent with the Code. Information is primarily provided in English, with interpreter services accessed when needed. Written information and verbal discussions are used to enhance communication with residents, family/whānau, and EPOAs. Residents have access to the internet, and they can use the facility phone as needed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my</p>	<p>FA</p>	<p>Best practice tikanga guidelines relating to consent are documented and implemented. Informed consent is obtained on admission and documented in residents' files. Admission agreements were signed by competent residents. Agreements for residents who had been assessed as not</p>

<p>choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>competent were signed by their activated EPOA. Signed documentation was sighted in all records resident records sampled. Advance directives for resuscitation were present in residents' files. Activation letters were available in residents' records sampled for review.</p> <p>Staff were observed seeking consent before providing daily cares. Residents, family/whānau, and EPOAs confirmed they are provided with sufficient information and are actively involved in decision-making regarding care. Residents are offered a support person through advocacy services when required. Communication records sampled confirmed inclusion of support people where appropriate.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints management process aligns with current consumer legislation and is linked to the quality and risk management system. The process is equitable for Māori. Information regarding the complaints process was available in te reo Māori and English. Complaint information is displayed. Residents/family/whānau/EPOAs are provided with complaint information on entry and reported they understood the process. They knew who to talk to in the event they wanted to make a complaint and were aware of National Advocacy Services.</p> <p>The OM maintains a complaints and compliments register. This includes both verbal and written complaints. There had been one formal complaint in June 2025. The complaint was fully investigated and resolved to the satisfaction of the complainant and national advocacy services. Records confirmed a timely response, investigation, and corrective actions. Details regarding the complaint were communicated to staff, the management team, and the directors.</p> <p>Residents are encouraged to share any day to day concerns they have with staff or management. This was confirmed by residents/family/whānau/EPOAs. Resident meetings provided an additional opportunity to voice any concerns. Records of meeting minutes confirmed all concerns were followed up by the OM.</p>
Subsection 2.1: Governance	FA	Brooklands Rest Home and Memory Care is owned by Brooklands Elder

<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>Care Limited, purchased and incorporated March 2025. The ultimate holding company is Sentinel Group Investments Limited. The rest home is situated in New Plymouth and is certified to provide rest home, hospital, and dementia level care for up to 30 residents. There are 13 dedicated dementia beds (Memory Lane) and 17 dual purpose beds, which can be occupied by residents requiring either rest home or hospital level care. There are three double rooms, one of which is shared by two residents in Memory Lane (refer to subsection 4 for additional information).</p> <p>There are two directors, both of whom have governance experience in the aged residential care sector. The directors own another aged residential care facility in New Plymouth called Brooklands on Timandra. The two sites work closely together, sharing management resources, staffing, and the quality and risk management system. A director confirmed their commitment to the principles of Te Tiriti o Waitangi and has completed relevant education. Māori representation at a governance level has been delegated to the management team. The management team confirmed their commitment to providing equitable services for Māori (refer subsection 1.1) and tāngata whaikaha. Working practices are holistic and inclusive of tikanga. Members of the management team have completed an external Te Tiriti o Waitangi training day in February 2026.</p> <p>Responsibilities for quality risk management, clinical governance and compliance to health and disability legislation, standards and guidelines have been delegated to an external consultant. The consultant agreement with the directors confirmed the provision of clinical and quality/risk governance, advice, accountability and supporting an environment of clinical excellence. The external consultant is a registered nurse with a current practicing certification and has a compliance background.</p> <p>The operations manager (OM) is onsite 40 hours per weeks, has 35 years' experience in the aged residential care sector and has been in the role for more than 10 years. The OM shares operational management responsibilities across both Brooklands facilities and is supported by the facility manager and the Brooklands clinical leader/registered nurse who are both based at Brooklands on Timandra. There is also a clinical coordinator at Brooklands Rest Home and Memory Care and a senior health care assistant based at Timandra who is the health and safety representative for both facilities.</p> <p>Directors call the OM every week and visit the rest home once per month.</p>
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		<p>The director confirmed their commitment to develop a more formal meeting minutes process, however in the interim the OM maintains their own records of discussions with the directors. Discussions are focused on required resourcing, financial reporting, strategic direction and outputs such as resident numbers and staffing. The Strategic Plan 2025-2026 includes the mission, values, and goals for ensuring services are affordable, equitable, accessible, resident focused, financially sustainable, promote growth and maintain legislative/regulatory requirements. The focus is on stabilising the business, imminent sector pressures, and risks, maintaining a skilled workforce, learnings from Covid-19 and infection prevention activities and developing strong service delivery models. The vision includes delivering quality services and being inclusive of culture.</p> <p>On the day of audit there were 28 residents. This included ten assessed as rest home level of care, four at hospital level of care and twelve in Memory Lane. The majority of residents were on the age-related residential care contract (ARRC), with the exception of two additional residents receiving funding from the Accident Compensation Corporation (ACC), one of whom was under 65 years of age.</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>The rest home is currently working within two quality and risk management systems. These include the old quality and risk management system which was operational prior to the Sentinel Group purchase in March 2025, and the new electronic quality and risk management system, which was in the process of being implemented. Policies and procedures are from the old system and were reviewed for this audit. Clinical policies aligned with best practice and were reviewed by the clinical leader. Policies were last reviewed in May 2025 and remain current. Client information, incidents and accidents, and infection prevention data were being documented in the new electronic data base. Transfer from the old system to the new system is being managed using a risk-based approach. A document control process was in place.</p> <p>There is a Quality and Risk Management plan 2025-2026. Quality objectives align with a continuous improvement model, effective decision making, are research based and include supplier reviews and staff involvement. The risk management policy is current with the level of risk being allocated using likelihood and consequence. A current risk matrix</p>

	<p>was sighted. Mitigation strategies were in place. The incident and accident/adverse event reporting system is linked to the risk management process.</p> <p>A health and safety system is in place. Health and safety is discussed at all meetings and is a standard agenda item. The Brooklands health and safety representative has completed the required New Zealand Qualifications Authority Unit Standard 29315. The health and safety representative works across both sites, conducts relevant orientation for all new staff and provides ongoing emergency training. There was a current hazard register. The OM completes a full round of the facility each morning to assess for any new hazards or environmental issues.</p> <p>A range of internal audits are routinely completed. There is an annual internal audit scheduled. The schedule covers the scope of the management system. Internal audit records sampled confirmed corrective actions were followed up and implemented.</p> <p>Quality related data is gathered and shared at meetings. Collated quality related data included clinical indicators (falls, medication errors, infections, skin tears/wounds); restraint; health and safety; updated resident information; service information such as cleaning, housekeeping, and laundry; infection prevention; emergency preparedness; complaints/compliments; internal and external audits; adverse events and staff education. Cultural safety is embedded in the quality system to ensure staff can deliver high-quality health care for Māori. Ethnicity data is linked to benchmarking data. The management/clinical team complete a monthly clinical and quality update that is presented at monthly management meetings. Registered nurse and staff meetings were occurring every two months. Records of meetings were sighted.</p> <p>Annual resident and family/whānau surveys are completed. Results of the 2026 resident and family/whānau satisfaction survey demonstrated an overall satisfaction with the services being provided. Residents, family/whānau and staff received the results. Residents and family/whānau interviewed were complimentary.</p> <p>Records of incidents confirmed appropriate immediate actions, investigations, corrective actions, follow up and system learnings. A monthly summary is provided against each clinical indicator. Results are discussed in meetings and during staff handovers. The adverse event</p>
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		<p>reporting system aligns with the National Adverse Event policy. The OM confirmed their awareness of reporting requirements to external authorities. Since the last audit there has been one Severity Assessment Code (SAC2) notification made to the Health Quality and Safety Commission regarding a resident fracture, and one Section 31 report to the Ministry of Health regarding the Medimap outage (refer subsection 3.4 for additional information).</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>Rostering requirements are defined and align with the Aged Residential Care funding agreement. There are five registered nurses, plus the clinical coordinator and the Brooklands clinical leader. There are two interRAI trained nurses. The Brooklands clinical leader also has a current interRAI competency. The clinical coordinator is onsite Monday-Thursday business hours and shares on call duties with the Brooklands clinical leader. The clinical leader is on site for approximately two hours per week, and during nurse practitioner visits. There is a registered nurse on each shift. There are two health care assistants (HCA's) on morning and afternoon shifts in the rest home/hospital wing and two in Memory Lane. There is one registered nurse in the rest home/hospital wing, and one HCA during the night shift. There are four cooks who can double as kitchen staff during mealtimes. There is a cleaner on site each day of the week. Health care assistants complete laundry duties.</p> <p>The current roster was sampled. Rosters are developed by the OM and the clinical coordinator four weeks in advance. There was evidence staffing numbers remained stable in the event of any unplanned absences. Staff are able to swap shifts if approved by the OM. A medication competent healthcare assistant was on each shift. Staff confirmed their workload was manageable, they were well supported and that management provided a positive work environment.</p> <p>Healthcare assistants (HCA's) were supported to obtain NZQA qualifications in Health and Wellbeing. There were 11 HCA's with a level four qualification, three with level three, four with the required dementia education and another seven who have commenced. The clinical leader also had additional qualifications in dementia care.</p> <p>There is an annual education and competency programme. The routine</p>

		<p>schedule covers requirements. For example, medication administration, cultural awareness, infection prevention, emergency management, dementia, de-escalation, and challenging behaviours. The requirements for cultural competencies were included in the Māori Health Plan. Staff are required to complete an online Te Tiriti o Waitangi training. This includes Māori models of health, social determinates of health and equity. Staff confidently described their learnings and how they can be applied in day-to-day practice and interactions.</p> <p>Over the last year a wide range of additional education has been provided by an external clinical educator. This has been focused on clinical practice such as wound care, pressure injuries, administration, monitoring of 'as required' medication and early warning signs. Palliative care and end of life training was also provided in August 2025. All registered nurses have a current syringe driver competency. Records of staff training confirmed 90-100% attendance at mandatory training.</p>
<p><b>Subsection 2.4: Health care and support workers</b></p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>The human resource (HR) system aligns with employment legislation including equal opportunities. Staff files sampled confirmed the required documentation including employment agreements, position descriptions, police checks, reference checks, validated qualifications, work visa's, orientation, training, and performance reviews. There was a 50% staff turnover following the March 2025 purchase. The majority of new staff have been recruited from overseas, with international nurses transferring to a New Zealand registration. These staff have come through a recruitment organisation who validates the required criminal vetting and references. Position descriptions include accountabilities and responsibilities for each role. All staff employed as a registered nurse had a current practicing certificate. NZQA certificates for HCA's were sighted, as were qualifications for the cooks and the diversional therapist. The OM completes the majority of performance reviews and accesses external health professional support for reviewing the performance of the registered nurses.</p> <p>The orientation programme includes the essential components of service delivery and is role specific. A buddy system is used. Completed orientation records were sighted. Staff confirmed the orientation</p>

		<p>programme provided them with sufficient information and that they were included in all discussions/debriefs following an incident or event.</p> <p>Staff records were maintained in hard copy and spreadsheets. Files were kept securely in the OM's office. All files were well maintained with current and accurate information. Ethnicity data is identified, and an employee ethnicity database is available and used in line with health information standards. A copy of individual passports is maintained for all international staff.</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>Residents records are maintained in both hard copy and electronic entries. Referrals, assessments, and care planning is held electronically. Daily observations, and any documents requiring signing by the resident/whānau/EPOA are maintained in hard copy. All records are held securely and maintained in a confidential manner as per privacy legislation. The electronic system is password protected. There was not resident information displayed or accessible to unauthorised persons.</p> <p>Policies guide the requirements of clinical records. Records sampled were legible, dated and signed by the writer, including designation. The registered nurses review all HCA's entries. Records were traceable and integrated. Electronic records are backed up using cloud based technology, ensuring access from several locations if needed. The Brooklands clinical leader is the privacy officer.</p> <p>Archived hard copy records were securely and safely stored in the maintenance shed, under the building. The area was dry and included in the sprinkler system. Files are boxed by date and name and were easily retrievable. The organisation is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate</p>	FA	<p>Entry criteria are clearly outlined in the information pack. Admission is managed by the OM and the clinical coordinator. Prospective residents, family/whānau/EPOAs are encouraged to visit the facility prior to admission. Information about the service is provided to support informed decision-making. Family/whānau/EPOAs and residents stated they received the information pack and sufficient information prior to, and on</p>

<p>inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>entry, to the service. Residents are admitted only after the required level of care is assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) service. For residents of Memory Lane, admission is authorised by a psychogeriatrician.</p> <p>Family/whānau/EPOA and residents confirmed they participated in the entry and assessment processes and that their rights and identity were respected. Policies and procedures specify processes for communicating decisions when entry is declined. The organisation maintains records of all enquiries and routinely analyses entry and decline data monthly, including specific rates for Māori. Māori cultural advice is sought if available (refer subsection 1.1).</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The registered nurses (RN's) complete nursing admission assessments, care plans, and care plan evaluations. Initial assessments sampled were completed within 48 hours of admission. A range of assessment tools are utilised, including those addressing residents' lived experiences, falls risk, pressure injury risk, continence, cultural needs, values, and beliefs. At the time of the audit the organisation had recently transitioned to using an electronic client management system. Initial nursing assessments were completed electronically from January 2026.</p> <p>InterRAI assessments and long term care plans were completed within three weeks of admission. Care planning incorporated information from InterRAI assessments, referral documentation, observations, and NASC assessments. Residents/family/whānau/EPOA participated in the assessment and care planning processes.</p> <p>The long-term care plans identified residents' strengths, goals, and aspirations aligned with individual values and beliefs. Early warning signs and potential risks to wellbeing were documented, along with strategies for mitigation. Systematic monitoring and evaluation of care plans occurred every six months or more frequently as clinically indicated. Care plan evaluations recorded the degree of progress towards agreed goals of care. Te whare tapa wha model of health is used to ensure tikanga and kaupapa Māori principles inform care delivery and supported potential Māori residents in achieving pae ora outcomes. Strategies were in place to identify and address barriers to equity for tāngata whaikaha and whānau.</p>

		<p>Short- term care plans were developed for acute conditions with regular evaluation completed and plans signed off when conditions resolved.</p> <p>The nurse practitioner (NP) provides medical services weekly and provides after hours on call services. The NP stated that established processes inform them of concerns or changes in a timely manner. A five step communication process (ISBAR) tool is used to contact the NP. Medical assessments were completed by the NP, with routine reviews every three months or sooner as indicated. Records confirmed timely escalation of health changes to the NP. The NP expressed satisfaction with communication, the standard of care provided and confirmed that medical instructions were consistently followed.</p> <p>A range of equipment and resources suited to the level of care provided was available and maintained. Hospital level beds were used when clinically indicated. Residents/family/whānau/EPOA's confirmed involvement in care evaluation and expressed satisfaction with the standard of care provided.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities programme is led by a qualified diversional therapist (DT), an activities coordinator, and an activities assistant. The activities coordinator is undergoing diversional therapy training. The DT completes the activities assessments for all residents and develops activities plans. Residents' activity needs, interests, and social requirements are assessed on admission with input from residents/family/whānau/EPOAs. A monthly activities calendar is developed and displayed on notice boards.</p> <p>A mix of individual and group activities are provided, reflecting residents' goals, cultural needs, and ordinary patterns of life. The programme includes community involvement, visiting entertainers, national and international day celebrations, and cultural events such as Waitangi Day, Matariki, ANZAC Day celebrations. At the time of the audit, Saint Patricks Day was being celebrated. Residents and staff were observed participating in the celebrations with appropriate costumes for the occasion. Te Wiki o te Reo Māori is observed. Residents are supported to participate in te ao Māori activities. Whānau participation in activities sessions is encouraged, and residents are supported to attend outings into the community through outings and walks.</p>

		<p>Hard copy 24 hour meaningful activity plans were developed for all residents in Memory Lane. The DT is in the process of transitioning the activity plans to the electronic system. Residents in Memory Lane were observed accessing the secure gardens safely. Activities are also offered at times when residents are most physically active and/or restless. The activities coordinator provides one on one activities such as reminiscing, walks, memory games, puzzles and assisting residents with their artwork.</p> <p>Activities attendance records are maintained, and residents' activity needs are reviewed every six months alongside interRAI assessments and care plans. Feedback is sought through residents' meetings and satisfaction surveys. Residents were observed participating in a variety of activities during audit and confirmed they find the programme enjoyable and meaningful.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>The medication management policy complies with current legislation, standards, and guidelines. Medicines are prescribed and administered using an electronic system. A paper-based medication management system was used at the time of Medimap outage, and a Section 31 notification was made (refer subsection 2.2). Medications are supplied in pre-packaged formats by a contracted pharmacy. Medication reconciliation is completed by the RNs on delivery of new packs and following residents' return from acute services. Pharmacist support is available on request. An improvement is required regarding the transcribing of medication (refer criterion 3.4.2).</p> <p>Observation of an RN administering lunchtime medications confirmed adherence to safe practice, with administering staff demonstrating knowledge and understanding of their roles and responsibilities for each stage of medication administration.</p> <p>Medicine was stored securely in locked medication rooms and locked trolleys. Standing orders are not used. Controlled drugs are stored securely, and the controlled drug register showed evidence of weekly and six-monthly stock checks. All medications sighted were within expiry dates. Temperature records for medication storage rooms and fridge were within the recommended range. Medication incidents are documented.</p>

		<p>Investigations were completed and corrective actions implemented as required.</p> <p>Three-monthly medication reviews are consistently completed by the NP. The NP confirmed that culturally appropriate advice and treatment options are provided for Māori when requested. Residents/family/whānau/EPOA's are supported to understand their medications by the NP and the clinical team when required. At the time of audit, there were no residents self-administering medications, however appropriate policies and procedures were in place to guide staff practice when required.</p> <p>All registered nurses, and some HCA's have a current medication competency. These are completed annually. The Brooklands clinical lead completed the competency for the clinical coordinator, and vice versa.</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>Residents' dietary requirements are assessed on admission in consultation with the resident/family/whānau or EPOAs. Residents' personal food preferences, food allergies, intolerances, any special diets, cultural preferences, and modified texture requirements are recorded on the nutrition plan. A nutritional requirements form is completed and shared with kitchen staff, and any special requirements are accommodated in daily meal plans.</p> <p>Residents' weight is monitored monthly, and interventions, including the provision of nutritional supplements, are implemented as required. Cultural considerations are incorporated, with Māori-specific menu options provided when required and during cultural Māori celebrations. Snacks and fluids are available 24 hours a day for residents. Residents and whānau can be involved in food preparation as part of the activities programme. Mealtime observations confirmed residents received appropriate assistance and were supported to eat in a safe and unhurried manner. Residents and whānau/EPOAs expressed satisfaction with the meals provided.</p> <p>Meals are prepared onsite by the cooks from Monday to Sunday. The cooks also prepare meals for the other Brooklands site. The menu operates on a four-weekly cycle. The menu was reviewed by a registered dietitian in August 2025. Residents who choose not to go to the dining room have meals delivered to their rooms.</p>

		<p>The organisation operates with an approved food control plan, valid until 25 June 2026. A food verification audit was conducted on 5 March 2026. Food temperatures are monitored and recorded in accordance with the food control plan. Observations during the audit confirmed the kitchen environment was clean and staff followed appropriate infection prevention measures during food service.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>The organisation has a transfer and discharge policy that guides staff practice. Transfers and discharges are conducted safely and in consultation with residents/family/whānau, and EPOAs where applicable. A transfer form is completed to ensure continuity of care, and verbal handovers are provided to the receiving service. Residents requiring acute or emergency care are transferred via ambulance to the accident and emergency department. Documentation confirmed that risk mitigation strategies were included, and residents were supported throughout the transfer process. Referrals to kaupapa Māori agencies and other health or disability services are offered when indicated, requested or available. Records and interviews verified that residents/family/whānau/EPOAs were informed of the referral process and the reason for transfer or discharge.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The facility was purpose built and has been well maintained. The building warrant of fitness expires August 2026. The facility is divided into two residential wings, with a central administration area, nursing station, and rest home lounge/dining area. There is a separate lounge/dining area in Memory Lane. The laundry and maintenance shed is downstairs. Bedrooms are sufficient in size to accommodate personal belongings and equipment. There is one double room shared by two women in Memory Lane, with privacy curtains in place. EPOA's had provided signed consent for the shared room. All other rooms are single occupancy. Corridors are wide and have handrails. Furniture and fittings are well maintained and appropriate to meet the needs of residents. There are a sufficient number of toilets and bathing facilities. Each bedroom has a hand basin and plenty of natural light. Flowing soap, hand gel dispensers, and paper towels are installed in all areas. Staff and visitor toilets are available. There is heating</p>

		<p>throughout the facility. There are sufficient storage rooms, a sluice room, cleaners cupboard and dispensary. Equipment and mobility aids are stored safely and out of the way and away from any egress.</p> <p>Memory Lane provides a secure environment with pin codes for entry and exit. There is safe and secure outdoor space for the residents. Walking paths are designed to promote purposeful walking outside. Individual photos are placed on each residents door to aid memory. Wallpaper which mimics bookshelves has been placed at exit points.</p> <p>Brooklands employs a maintenance person who works Monday to Friday across both sites. Maintenance requests are logged and followed up in a timely manner. Urgency ratings are used. The maintenance person is licensed to completed electrical testing and tagging, which was current. Additional routine maintenance includes resident's equipment checks, call bell checks, and monthly testing of hot water temperatures. The calibration of medical equipment is completed by an external provider and was current. The FM reported that essential contractors, such as plumbers and electricians are used as required. There is a current hazard register which is discussed at meetings. A range of environmental internal audits are completed.</p> <p>General living areas and all resident rooms are appropriately heated and ventilated. All rooms have external windows that open allowing plenty of natural sunlight. Residents and their families/whānau are encouraged to personalise their bedrooms as sighted on the day of the audit. Residents/family/whānau confirmed the bedrooms are personalised according to the residents' individual preferences. Resident and family/whānau satisfactions surveys include satisfaction with the environment.</p> <p>Residents are invited to decorate their rooms in the manner they chose, as long as any hazards are managed. Personal decorations include those of cultural significance. Signage is displayed in a number of languages, including te reo Māori. There is no plan to change the design of the facility, however management are aware of their responsibilities to consider co-design if changes are proposed.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The approved evacuation plan was dated December 2026. There have been no structural changes made to the facility since. Evacuation and emergency procedures are documented. This outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. Emergency evacuation drills are conducted every six months. Fire equipment is located throughout the facility including smoke alarms, sprinklers, and fire hoses. Emergency exits are identified. The Brooklands health and safety representative conducts staff receive training on emergency procedures during orientation, and in an ongoing manner. Residents/family/whānau are also given information regarding emergency procedures and evacuation processes.</p> <p>The call bell system is routinely checked. All bedrooms and bathrooms have a call bell, including emergency bells in Memory Lane. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. All registered nurses have a current first aid certificate and are rostered on every shift.</p> <p>Essential supplies and utility sources are available in the event that the main energy supply fails. The organisation has an agreement with a local generator supplier in the event the power supply is interrupted. There is emergency lighting. A sufficient supply of water is stored. Additional food supplies were sighted. There is a BBQ and filled gas cylinder and gas cooking in the kitchen. Civil defence supplies are well stocked including personal protective equipment, torches, and batteries. First aid equipment is located in the dispensary, kitchen, and the civil defence emergency box in the laundry.</p> <p>The facility is secure. There are CCTV cameras in common areas and security lighting outside. External doors are alarmed. Staff complete security checks every night by checking all windows and doors. All staff wear a uniform and name badge. There have been no events relating to security. All visitors are required to sign the visitors/contractors book on entry and exit.</p>
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<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programme is linked to the quality and risk management plan. The IP and AMS programmes are designed to improve quality and ensure safety of residents, family/whānau, and staff. Expertise and advise on infection prevention is sought following a defined process which include advise on significant infection events sought from Health New Zealand, the NP, and a quality consultant. A documented pathway supports reporting of progress, issues, and significant infection events to the governance body. Reporting of infections to the governance body and senior management is through monthly reports and management meetings. A stepwise approach to risk management was adopted and appropriate staff support is provided by the Brooklands clinical leader and the external clinical educator. Outbreaks are escalated in a timely manner. There have been no outbreaks since the last audit.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The Brooklands clinical leader is a nominated infection prevention coordinator (IPC). The role, responsibilities and reporting requirements are defined in the IPC position description. The IPC has completed external education on infection prevention within the past year. They have access to shared clinical records and residents' diagnostic results through the NP.</p> <p>The implemented IP programme is clearly documented and was developed with input from external infection prevention and control expert. It is appropriate for the size and setting of the service. Reporting lines to the senior management are documented. The IPC reports to the OM and clinical coordinator. The IP programme was approved by the governance body, through the external quality/clinical consultant. Annual review of the IP programme was completed. The IP policies reflect the requirements of this standard and include appropriate referencing.</p> <p>Infection prevention audits were conducted regularly. Relevant corrective actions were implemented where required. Staff reported that they are informed of infections and audit outcomes in staff meetings. Any new infections are discussed at shift handovers for early interventions to be implemented.</p> <p>The pandemic and outbreak management plans in place are reviewed at regular intervals. Sufficient stock of IP resources including personal</p>

		<p>protective equipment (PPE) were sighted. The IP resources are readily accessible to support the pandemic response plan.</p> <p>The Brooklands clinical leader has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received education in IP at orientation, through ongoing annual education sessions and additional education provided when required. Education with residents is on an individual basis. This included reminders about handwashing. This was confirmed in interviews with residents and whānau.</p> <p>The IPC is responsible for the procurement of the required equipment, devices, and consumables. There is a clear process for early consultation and involvement from the IPC during the design of any new building or when significant changes are proposed to an existing facility. At the time of the audit there were no planned changes reported.</p> <p>Reusable medical devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Cleaning schedules were available to evidence this. Single-use medical devices are not reused.</p> <p>Staff were observed following appropriate infection prevention practices such as use of hand-sanitisers, effective hand-washing technique and use of disposable aprons and gloves. Hand washing facilities were readily available around the facility.</p> <p>Culturally safe practice in IP protocols was included in the cultural safety guidelines. Hand hygiene infection prevention educational material in te reo Māori was posted around the facility.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to 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</p>	<p>FA</p>	<p>The antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the governance body, via the external quality/clinical consultant.</p> <p>Responsible use of antimicrobials is promoted. Monthly records of infections and prescribed antimicrobial treatment were maintained. Effectiveness of antimicrobials used is monitored through the use of short-term care plans that are evaluated regularly. Annual evaluation of the AMS</p>

appropriate to the needs, size, and scope of our services.		programme is completed.
<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>The infection surveillance programme is appropriate for the size and complexity of the service. National surveillance programmes and guidance is applied when required. The infection surveillance policy includes surveillance methods, tools used to collect infection data, assignment of responsibilities and standardised surveillance definitions used. Infection data is collected, monitored, and reviewed monthly. The data is analysed (including ethnicity data) and action plans are implemented when required. All healthcare-associated infections (HAIs) are monitored by the IPC and monthly statistics are discussed in staff meetings and senior management meetings and reported to the governance body in monthly reports. Verbal handover is given to staff at shift handovers for early intervention when new infections are identified. Infection surveillance information includes ethnicity data.</p> <p>Residents and family/whānau were advised of identified infections where required in a culturally safe manner. This was verified in interviews.</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 antimicrobial-resistant organisms.</p>	FA	<p>Cleaning and laundry processes follow strict infection prevention guidelines and are routinely monitored. There are additional policies for cleaning and laundry in the event of an outbreak. The IP coordinator and FM and provided oversight regarding the purchase of all equipment. Biochemical waste is removed in a safe and sanitary manner. The sluice room has a laundry chute so dirty linen/clothing goes directly down to the laundry. There is clear clean and dirty separation in the laundry with two industrial washing machines and one dryer. Cleaning trolleys are safely stored. Chemicals are dispensed through a closed-circuit system and decanted into labelled containers. Material data sheets are available. There are sufficient supplies of personal protective equipment and hand sanitisers. Training for HCA's and the cleaners regarding chemical use, cleaning and laundry is provided by the external chemical provider. Domestic waste is removed by the local council.</p> <p>Cleaning and laundry process are monitored through the internal audit</p>

		<p>system. Satisfaction surveys include cleaning and laundry, and resident meeting minutes confirmed that any related concerns are followed up in a timely manner.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. Management demonstrated their commitment to this through the approval of the documented policies and implemented processes. The Brooklands clinical leader is the restraint coordinator.</p> <p>Restraint is discussed in management, nurse, and staff meetings regularly. There are processes in place to ensure that the type and frequency of any restraint (if required) would be reported to governance, and that analysis would occur to monitor and ensure the health and safety of residents and staff. Policies and procedures include the voice of Māori to ensure the restraint process meets cultural requirements. The Brooklands clinical leader is the restraint coordinator and is supported by management in monitoring staff practices.</p> <p>At the time of the audit, no resident was using a restraint. This has been the case since the previous audit. If a restraint were considered appropriate it would be a last resort when all alternatives have been explored. Staff reported, and documentation evidenced, that staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, challenging behaviours, and de-escalation techniques. Behaviour management plans were implemented where applicable including regular monitoring for residents who are at risk of falling. Sensor mats were in use.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.2</p> <p>The following aspects of the system shall be performed and communicated to people by registered health professionals operating within their role and scope of practice: prescribing, dispensing, reconciliation, and review.</p>	<p>PA Moderate</p>	<p>Review of prescription charts confirmed appropriate prescribing practices by the NP, including documentation of over-the-counter medicines, supplements, and allergies where applicable. However, the review of medication charts showed that staff have been transcribing medication onto paper-based medication signing sheets before the Medimap outage. Four charts were reviewed during the outage and confirmed medication scripts were provided by the pharmacy; however, staff had been transcribing the medication onto the signing sheets prior to the outage. The same process was being used for any medication prescribed by the doctors who reviewed residents after hours. There was no evidence at the time of audit of resident harm resulting from the prescribing. The Brooklands clinical leader was aware that transcribing did not meet requirements and stated that additional staff</p>	<p>Staff were transcribing medication from paper-based prescriptions onto medication administration charts.</p>	<p>Ensure medication management practices comply with current legislative requirements and safe practice guidelines.</p> <p>90 days</p>

		training on medication management will be provided.		
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.