Phantom 2021 Limited - Resthaven

Introduction

This report records the results of a Provisional 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:	Phantom 2021 Limited
Premises audited:	Resthaven
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 9 April 2026 End date: 10 April 2026

Proposed changes to current services (if any): This provisional audit is prior to the potential sale of PSS Resthaven Village including a 60 bed care facility and 21 one and two bedroom independent living cottages. The prospective provider wishes to complete the transaction (change of ownership) by 1 July 2026 depending on the outcome of this audit.

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

Executive summary of the audit

Introduction

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

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

General overview of the audit

Resthaven Village is located in Gore and is part of the Presbyterian Support Southland (PSS) Enliven organisation. The service provides care for up to 60 residents at rest home and hospital level of care. All beds are certified as dual purpose. At the time of the audit there were 45 residents in total.

The facility manager is supported by the organisational quality manager, two clinical leads, 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 provisional audit was undertaken to establish the prospective purchaser's preparedness to provide health and disability services and the level of conformity of the existing provider's service prior to a potential sale. This provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Health New Zealand. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau management, staff, and a general practitioner. The prospective purchaser was interviewed.

The prospective provider wishes to complete the transaction (change of ownership) by 1 July 2026 depending on the outcome of this audit.

This provisional audit identified no areas for improvement.

Ō tātou motika | Our rights

Resthaven provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health and wellbeing plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.

This service supports cultural safe care delivery to Pacific peoples. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences.

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

Presbyterian Support Southland has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The facility manager oversees the day-to-day operations of the facility. The quality improvement plan and organisational plan informs the site-specific operational objectives, which are reviewed on a regular basis.

Resthaven Village has an established quality and risk management system. Quality and risk performance is reported across quality and staff meetings, and to the senior leadership team. Resthaven Village collates clinical indicator data and uses the data to improve services. Benchmarking occurs.

There are human resources policies including recruitment, selection, orientation, and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support, and external training is supported. Competencies are maintained.

A robust health and safety programme is implemented, and hazards are reviewed on a regular basis. Health and safety systems are in place for management of staff wellbeing. The staffing policy aligns with contractual requirements and included 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

Residents and their family / whānau are provided with admission information prior to or on entry to the service

Registered nurses are responsible for assessment, care planning, implementation, and review, with resident and family/whānau involvement evidenced throughout the care planning process. Resident records include general practitioner and allied health input.

The service provides an activities programme that is varied and responsive to residents' interests, preferences, and cultural needs. Opportunities for participation in te reo Māori and culturally focused activities are incorporated into the programme.

Medication management systems reflect legislative requirements and safe practice guidelines. Registered nurses and medication competent care workers administer medicines, complete annual competencies, and medication charts were reviewed at least three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified on admission. Meals are prepared on site, menus are reviewed by a dietitian, and the service has a current approved food control plan. Food, fluid, and nutritional needs were being met, including modified and cultural requirements.

All transfers and discharges are well documented and planned with the resident and family/whānau.

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

There is a current building warrant of fitness.

Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. All rooms are personalised.

Documented systems are in place for essential, emergency and security services. Fire drills occur six-monthly. Staff have planned and implemented strategies for emergency management.

There is always a staff member on duty and on outings with a current first aid certificate.

The building is secure at night to ensure the safety of residents and staff.

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

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 Resthaven 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

There is commitment from the governance group to maintain a restraint-free environment. Restraint policies and procedures are in place. Restraint elimination is overseen by the restraint coordinator, who is the registered nurse. The facility has no residents using restraint. It would be considered as a last resort, only after all other options were explored. Staff receive education in de-escalation, falls preventions, and strategies to deescalate behaviours of concern.

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	0	168	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	A Māori Health and wellbeing plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as the founding document for New Zealand. The service currently has residents who identify as Māori. Presbyterian Support Southland (PSS) Resthaven Village (referred to in the report as Resthaven Village) is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau, with evidence documented in the resident care plan and oranga kaumatua wellness map (referred to in the report as the wellness map). Resthaven Village evidenced commitment to a culturally diverse workforce, as documented in the culturally responsive objectives of the PSS strategic plan 2021 - 2026, and in the Māori health and wellbeing plan. The plan includes partnering with Māori and working in partnership with family/whānau to benefit Māori. There is a PSS cultural advisor assisting to maintain the established relationship with Hokonui Rūnanga at a service level, and there are established partnerships with Ngāi Tahu who identify as consultation partners. Playcentre and local school children visit to perform kapa haka. At the time of the audit there were Māori staff members. The facility manager stated that they support increasing Māori capacity within the workforce and will consider employing

		suitably qualified Māori, when they do apply for employment opportunities at PSS Resthaven Village. Interviews with eighteen staff (eight care workers, three registered nurses (including the two clinical leads), one enrolled nurse, one administrator, one lifestyle coordinator, one cook, one maintenance person, one housekeeper and one laundry person) and two managers (the facility manager and Enliven quality manager), confirmed that mana motuhake is respected and they are well-equipped to deliver equitable services for Māori and described examples of providing culturally safe services in relation to their role. The prospective purchaser currently owns four facilities and has a comprehensive understanding of consumer rights including Te Tiriti o Waitangi and recognising barriers for Māori. The prospective purchasers have a volunteer cultural advisor who is available to support Māori residents and staff.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	There is a PSS Cultural Safety for Pasifika Peoples and their Fonua policy and the Pacific Health and Wellbeing Plan 2020-2025. Pacific employees and Pacific community groups have had input into the plan. The principles and objectives of the policy include maintaining respectful relationships, creating equitable access to services, valuing family/whānau and providing high quality health care. The policy recognises Pacific models of care including kakaha, fonofale and fonua. On admission all residents state their ethnicity. At the time of the audit there were no residents identifying as Pasifika. The facility manager interviewed explained that family/whānau will be encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, in being able to identify their satisfaction with the service, and through recognition of cultural needs. The facility manager stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected and documented in the wellness map.

		Resthaven Village has Pacific staff currently employed who provide advice to support Pasifika residents. The service partners with their Pacific employees to ensure connectivity with Pacific community groups, to increase knowledge, awareness and understanding of the needs of Pacific people, and to celebrate cultural activities. The culturally responsive objectives documented in the PSS strategic plan 2021-2026 recognise the capacity and capability of the Pacific workforce through promoting their diverse workforce.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	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. The facility manager, clinical leads, or registered nurses discuss aspects of the Code with residents and their family/whānau on admission. Discussions relating to the Code are held during the resident/family meetings. Six residents (five rest home and one hospital level of care) and three family/whānau (one rest home and two hospital level) interviewed stated they felt residents' rights were upheld and they were treated with dignity, respect, and kindness. Interactions observed between staff and residents during the audit were respectful. There are links to spiritual support documented in the policy. Presbyterian Support Southland Enliven employs a pastoral care coordinator who provides social, emotional, cultural, and spiritual support. Church services and fellowship groups are held weekly. Staff receive education in relation to the Code during orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake and this is reflected

		in the Māori health and wellbeing plan, individual care planning process, goal setting, and the completion of the wellness map. The prospective purchaser understands the Code and their responsibilities as a provider of health and disability services, as confirmed through interview.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	Resthaven Village`s annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. It was observed during the audit that residents are treated with dignity and respect. Interviews with family/whānau confirmed that residents and family/whānau are treated with respect. Staff receive training in the PSS charter of core values that include: respect, compassion, community, importance of family/whānau, and accountability at orientation. Information around each resident's values and beliefs is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. A sexuality and intimacy policy is in place, with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Care workers interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or to provide other forms of support. Residents have control and choice over activities they participate in. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. A spiritual health policy is in place. Spiritual needs are identified,

		church services are held, and spiritual support is available. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural awareness training has been provided for staff and includes Te Tiriti o Waitangi, tikanga Māori, te reo Māori, promotion of equity, and cultural competency. The facility manager confirmed that the service is actively supporting Māori by identifying their needs and aspirations. This was evidenced in the care plan and wellness map of a Māori resident, whose care plan included the physical, spiritual, family/whānau and psychological health of the resident.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct. Residents and family/whānau interviewed confirmed that there is no evidence of abuse or neglect at the service and that staff are very caring, supportive, and respectful. The service implements a process to manage residents' finances. An abuse, neglect awareness policy is being implemented. Presbyterian Support Southland has policies and guidelines around preventing any form of discrimination. These also acknowledge the impact of institutional racism on the wellbeing of residents. The overarching PSS Embedding Te Pātikitiki o Kotahitanga policy includes strategies to abolish institutional racism. Cultural days are held to celebrate diversity. 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 document as part of their employment agreement. The bullying, harassment and discrimination policy is implemented. All staff are held responsible for creating a positive, inclusive and a safe working environment. Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with the facility manager, and care workers confirmed their

		understanding of professional boundaries, including the boundaries of their role and responsibilities. Resthaven Village continues to embed the principles of the Enliven model of care that is holistic, and that recognises models of care, including Te Whare Tapa Wha, which encompass an individualised, strength-based approach to ensure the best wellbeing outcomes for all residents.
Subsection 1.6: Effective communication occurs 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. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	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. 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 service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services (e.g., wound nurse specialist, speech language therapist, older persons mental health clinical nurse specialist, geriatrician, and dietitian). The delivery of care includes a multidisciplinary team, and residents and family/whānau provide consent to referrals to other providers involved in their care. Information is provided to residents and family/whānau on admission. Resident and family/whānau meetings identify feedback from residents and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. The facility manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required. Residents and family/whānau interviewed confirmed they know what is happening within the facility and feel informed regarding any events/changes through emails, regular newsletters, and resident meetings. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an adverse event. This is also documented in the progress notes. Accident/incident forms

		reviewed identified family/whānau are kept informed and this was confirmed through the interviews with family/whānau. Contact details of interpreters are available, with these services used when needed. At the time of the audit, there were no residents who did not speak English. The facility manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.	FA	There are policies documented around informed consent. Interviews confirmed informed consent processes are discussed with residents and family/whānau on admission. Seven electronic resident files were reviewed. Written general consents sighted for photographs, release of medical information, and medical care. The admission agreement was signed as part of the admission process by the resident or their enduring power of attorney (EPOA). Specific consent had been signed by the resident or enduring power of attorney for procedures, such as influenza and Covid-19 vaccinations. Discussions with care workers confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care. The service welcomes the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Details of the enduring power of attorney is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision. Shared goals of care and guidelines on advance directives are documented as part of informed consent policies. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. When residents were deemed incompetent to make a resuscitation decision, the general practitioner (GP) had made a medically indicated resuscitation decision. There was documented evidence of

		discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative's lives. The service follows relevant best practice tikanga guidelines when obtaining consent, by incorporating the resident's cultural identity when planning care. Evidence was sighted of supported decision making, resident's being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. Staff have received training on cultural safety, promoting equity and tikanga best practice. Training has been provided to staff around the Code and informed consent.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.	FA	The complaints, concerns and suggestion policy is provided to residents and family/whānau on entry to the service. The facility manager maintains an electronic complaints register of all complaints, (verbal and written). There have been no complaints received since the last audit in July/August 2025. The complaints policy identifies receipt, investigation including follow-up letters and resolution. The facility manager explained how complaints are managed in accordance with guidelines set by the HDC. The complaints logged onto the complaints register were classified into themes with a risk severity rating documented. There have been no complaints sent to the Nationwide Health and Disability Advocacy Service. Complaints are a standard meeting agenda item ensuring staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings. Discussions with residents and family/whānau confirmed they were provided with information on complaints. Complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Compliments are documented. The complaints procedure is an equitable process, provided to all residents and family/whanau on entry to the service. It was acknowledged in interviews that Māori complainants may prefer face to face

		discussions around any complaint and managers stated this would be accommodated. The prospective owner has a good knowledge of the complaints process and will continue maintaining a robust complaints process.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.	FA	Resthaven Village is located in Gore and is part of the Presbyterian Support Southland (PSS) Enliven organisation, who have three other facilities in Invercargill. The service provides care for up to 60 residents at rest home and hospital (medical and geriatric) level of care. All beds are certified as dual purpose. At the time of the audit there were 45 residents: 28 rest home level of care, including two residents on younger person with disability (YPD) contracts, and three residents on respite care; and 17 hospital level of care (including one respite care). All other rest home and hospital level residents were under the age-related residential care (ARRC) agreement. At the time of the audit there was one double room which had single occupancy. There was also a couple; however, both residents were in single rooms. The director of people and culture (present during the audit) confirmed there have not been any changes to the governance structure since the previous audit. The chief executive has been in the role for over two years. The governance body (Trust Board) for PSS is a Charitable Trust comprising of seven trustees. The Trust Board provides strategic guidance and effective oversight to the senior leadership team. There is a formal orientation programme for new trustees. There is a Terms of Reference for the Trust Board and a position description for trustees. There is a PSS Charter and Strategic Plan 2021-2026 that documents the vision, values, and key service objectives. The chief executive and senior leadership team are responsible for delivery on the strategic plan objectives. Management reports on progress against the plan on a quarterly basis. The Trust Board have all completed cultural training. The cultural advisor has relationships with local iwi and is engaged with Enliven residents and family/whānau, who identify as Māori as needed. The organisation philosophy and strategic plan reflect a

		resident/family-centred approach to all services. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. There is Ngai Tahu representation on the Trust Board. The Presbyterian Support New Zealand (PSNZ) cultural advisory group includes Māori representatives from each region. There is also a pastoral care coordinator who enables the workforce to provide support to residents and whānau of Māori, non-Māori, and residents with disability within the services. A clinical governance committee meets two monthly. An improvement plan has been developed by the clinical governance committee and approved by the Trust Board in relation to implementation of the deterioration early warning system (DEWS). The Enliven quality manager is responsible for the implementation of the quality improvement plan for all PSS sites and provides a regular report to the clinical governance committee that highlights areas of risk. Presbyterian Support Southland completes clinical benchmarking with Presbyterian Support Otago, South Canterbury, and Presbyterian Support Central against key clinical indicators. The clinical governance committee reviews the risks for the PSS Enliven (aged care) service at their six-weekly meetings, when this information is reported to the Board. The strategic plan and specific goals documented as part of the quality improvement plan related to PSS Resthaven Village are measurable and these are reviewed quarterly. Site specific goals relate to clinical effectiveness, an effective cultural journey, and risk management is overseen and reported on by the Enliven quality manager. There is a national whenua policy documented that guides collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. Trustees regularly visit PSS sites to ensure engagement with residents and family/whānau. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and regular resident and family/whānau meetings. Feedback is collated, reviewed, and used by the senior management team of Enliven to identify barriers to care, and to improve outcomes for all residents.

		The facility manager is a registered nurse who has been in the role for three years and has worked at PSS for over 20 years. The facility manager is currently the clinical manager as part of the facility manager role. The facility manager is supported by two clinical leads, experienced care staff, the Enliven quality manager, and the wider PSS management team, including the director of Enliven. The facility manager has completed the required eight hours of professional development activities related to managing an aged care facility. An interview with the prospective purchaser confirmed their understanding of aged care. A transition plan is documented. The prospective purchasers have also spent time with the current owner/operators to gain additional insight into managing an aged care facility. The prospective purchaser interviewed confirmed there is an established organisational structure in place and that there will be no changes to key personnel at site level.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.	FA	PSS Resthaven Village is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality and staff meetings provide an avenue for discussions in relation to (but not limited to): quality goals (key priorities); quality data; health and safety; cultural journey infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements. Clinical related internal audits are completed by the Enliven quality manager and facility manager and reported in the monthly clinical quality report and monthly PSS clinical managers meetings. Quality and business goals are reviewed regularly The Resthaven quality plan was reviewed in January 2026. Corrective actions are discussed at quality and staff meetings to

		ensure any outstanding matters are addressed with sign-off when completed. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. Regular reviewing of policies and procedures are overseen by the clinical governance committee. A document control system is in place. Policies are available and accessible to all staff on the intranet. Staff are informed of policy changes through meetings and notices. Monthly internal and quarterly external benchmarking of quality data, including ethnicity trends, provide a critical analysis to organisational practice and to improve health equity. Quality data, graphs and trends in data are posted on a quality noticeboard located in the staffroom and nurses' station. Staff have completed cultural competencies and training to ensure there is a high-quality and culturally safe service for Māori. Family/whānau surveys were completed in July 2025 by an independent person employed to phone all families. The survey identified overall satisfaction with all aspects of the service provided at Resthaven Village. Opportunities for improvement were identified, and families were informed of results. Resident surveys were completed in October 2025 and identified good levels of satisfaction with all aspects of care and service provision. A health and safety system and risk management system is in place. There is a health and safety committee that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard register was reviewed (sighted). Staff incident, hazards and risk information is collated at facility level, and a consolidated report and analysis of all facilities is provided to the governance body. The noticeboards in the staffroom keep staff informed on health and safety issues. Electronic reports are completed for each incident or accident, with a severity risk rating assigned. Immediate action is documented, with any follow-up action(s) required also noted. Results are discussed in the quality and staff meetings and at handover. The system escalates alerts to senior team members depending on the

		risk level. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Monthly internal and external benchmarking occurs with PSS sister organisations and quarterly external benchmarking occurs with National Group of other providers. Discussions with the facility manager and Enliven quality manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been two Section 31 notifications required since the last audit. There have been four notifications to the Health Quality and Safety commission (HQSC) including: a resident fall resulting in a fracture, an unstageable pressure injury, Medimap outage and power outage. A transition plan is documented. The transition plan includes the gradual integration of Phantom policies in a structured and supportive manner whilst ensuring the continuity of care and services, The integration will be phased and carefully managed and supported with guidance, training and documentation and communicated clearly to all staff. An interview with the prospective purchaser confirmed their understanding of aged care. The prospective purchaser has also spent time with the current owner/operators to gain additional understanding into operation processes at Resthaven Village. The prospective purchaser interviewed confirmed there is an established organisational structure in place and that there will be no changes to key personnel at site level. The prospective purchaser will meet with the manager regularly and monitor via weekly reports. The prospective purchasers will be available to support the manager by phone and email as required.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through	FA	There is staffing requirements policy and procedure that describes rostering and staffing ratios in an event of residents' acuity change and outbreak management. The facility manager works full time from Monday to Friday. The director of Enliven oversees the facility in the event of an absence of the facility manager.

the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.		The two clinical leads share the leadership role and work two days a week on alternating weeks on Wednesdays and Thursday to cover GP visits. The clinical leads are both employed on a full-time basis working as an RN on the other days. The facility manager covers the role of clinical manager as part of her role and is supported by the clinical leads and a full complement of registered nurses. The facility manager reported that the number of care workers has remained stable within the facility since the last audit. There is at least one registered nurse on shift to cover the morning and afternoon shifts; and one registered nurse for the night shift, with support from two care workers. The facility manager and clinical leads share 24 hour on call on a rotational basis. The facility manager interviewed confirm staff needs and shortages are reported to the senior leadership team. The staff roster reviewed confirmed that the number of care workers on each shift is sufficient for the acuity, layout of the facility, support with the workload, and to provide safe and timely care on all shifts. Any absences and sick leave are covered by staff through extending working hours and through mutual agreement with employees. Agency staff are not available in Gore. Staff and residents are informed when there are changes to staffing levels, as evidenced in staff interviews and residents meeting minutes. There are separate staff dedicated for the activities programme, cleaning, laundry, and food services. The Enliven quality manager oversees the education attendance and training schedule. There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff attended cultural awareness, promoting equity and Te Tiriti training at orientation and annually as per the education plan. Training statistics and staff education reports are completed monthly by PSS Enliven support office, to ensure staff training is monitored effectively. Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they are provided with resources during their cultural training. Cultural resources are available on the intranet. The learning platform creates opportunities for the

		workforce to learn about and address inequities. An Enliven training policy is being implemented. Resthaven Village supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 30 care workers in total, with 21 having achieved either a level two, three or level four NZQA qualification. Online resources are available on the intranet, and these include training modules and information. All staff are required to complete annual competencies, including (but not limited to) restraint, moving and handling, and handwashing. A selection of care workers completed medication administration competencies and second checker competencies. A record of completion is maintained on staff file. Additional registered nurse specific competencies include syringe driver and interRAI assessment competency. There are six registered nurses and four are interRAI trained. The registered nurses are encouraged to attend PSS Enliven study days in service training, online training modules, and training opportunities through Health New Zealand. Staff wellness is encouraged through participation in health and wellbeing activities. An Employee Assistance Programme (EAP) is available to staff. Staff long service, baby showers, weddings and Christmas are celebrated. The prospective provider stated they are not anticipating any staff changes, including management and they plan to maintain the staffing levels. Training will be provided to all staff with education and training consistent with their established education and training plan.
Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.	FA	There are recruitment and human resource policies in place, including recruitment, selection, orientation, and staff training and development. Eight staff files reviewed (two clinical lead, one registered nurse, three care workers, one lifestyle coordinator and

Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.		one cook) evidenced implementation of the recruitment process, employment contracts, police checking, and completed orientation. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. There is an appraisal schedule documented, and the staff files reviewed evidenced that staff had an annual appraisal completed. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurse and care workers to provide a culturally safe environment for Māori. Information held about staff is held securely and is confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. There is a staff debrief and psychological first aid policy which includes follow up of any staff incident or accident, evidence of debriefing, support for employee rehabilitation, and safe return to work documented.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.	FA	There is a clinical records management policy. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Resident's past paper-based documents are securely stored and uploaded to the system. Personal resident information is kept confidential and

		cannot be viewed by other residents or members of the public. The facility manager is the privacy manager for the service, with support from the Enliven quality manager. There is a confidential process followed when sharing health information. The service is not responsible for National Health Index registration The transition plan and the prospective provider confirmed that there will be no immediate changes to the current electronic management systems in place .
Subsection 3.1: Entry and declining entry 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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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.	FA	The service has policies and procedures in relation to admission and decline of residents. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for family/whānau and residents prior to admission or on entry to the service. Seven admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria are based on the assessed need of the resident and the contracts under which the service operates. The facility manager is available to answer any questions regarding the admission process and manages the waiting list. Where entry is delayed, the prospective resident, family/whānau and referring agency are informed. The service openly communicates with potential residents and family/whānau during the admission process and declining entry would be if the service had no beds available or could not provide the level of care required. Potential residents (and family/whānau) are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of this for the purposes of identifying entry and decline rates that is ethnicity focussed. The

		analysis of ethnicity data is extracted from the electronic resident management system and analysed at head office. Presbyterian Support Southland employs a Māori advisor who can provide advice or support for Māori residents, family/whānau and/or staff if required.
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	FA	Seven resident files were reviewed: four residents at rest home level of care (including one young person with a disability and one resident on respite) and three residents at hospital level of care. The registered nurses are responsible for completing all resident assessments and for the development, implementation, and ongoing review of care plans. There is evidence of resident and family/whānau involvement in the assessment process and in the development and review of long-term care plans, with involvement documented in progress notes. The service utilises the 'Getting to Know Me' tool within the electronic management system for assessment and care planning. This holistic assessment encompasses residents' medical conditions, medications, activities of daily living, mobility, continence, nutrition and hydration needs, skin integrity, cognition, mood and behaviour, communication, cultural needs and preferences, spiritual wellbeing, and social history. On admission, an initial assessment and care plan are completed using this tool within required timeframes. InterRAI assessments are completed within required timeframes and inform the long-term care planning. Long term care plans and completion of the initial interRAI assessment are completed with 21 days and are reviewed at least six monthly, or more frequently in response to interRAI reassessment or changes in residents' health status. For the respite resident, nursing assessments are embedded within the 'Getting to Know Me' tool and were completed on admission and informed the initial and ongoing plan of care. 'Acuity and Finishing' is completed at the conclusion of the 'Getting to Know Me' assessment and care planning process. It provides a structured summary that synthesises assessment information into

		an overall acuity rating reflecting the resident's current health status. This summary supports clinical handover, staffing consideration, and the identification of monitoring requirements and clinical risks, and is consistent with information recorded in resident profile alerts, progress notes, active short term care plans, and relevant monitoring charts. Care planning for Māori residents is integrated within the 'Getting to Know Me' assessment process. Cultural assessments and care plans reflect the use of Te Whare Tapa Whā, incorporating taha tinana, taha wairua, taha whānau, and taha hinengaro to support holistic wellbeing and pae ora outcomes. Māori residents and whānau are supported to participate in care planning and identify their own outcomes, which are documented in the electronic care plan. The Māori health plan promotes equitable health outcomes. Barriers to accessing information are identified, with strategies documented to support engagement and understanding for tāngata whaikaha and whānau. The service is supported by two local medical practices, enabling residents and their family/whānau to retain the medical practice to which they are enrolled on admission. All residents are assessed by a general practitioner within five working days of admission and are reviewed at least three-monthly, or earlier if clinically indicated. Both practices provide after-hours support and alternate weekend on-call cover. In the event of a medical emergency, residents are transferred to hospital via ambulance services as required. The general practitioner interviewed spoke positively about the quality and consistency of care provided, describing staff as caring, knowledgeable, and clinically competent, and expressed no concerns regarding the care delivered. The service contracts physiotherapy services and receives regular podiatry visits. Additional allied and specialist services are accessed as required, including mental health services, dietitian input, speech language therapy, gerontology nurse specialist support, wound care services, hospice and palliative care, and continence specialist nursing. Residents' electronic records evidence the integration of allied health professional input into care planning, including the incorporation of hospital discharge

		summaries where applicable. A verbal handover between shifts was observed during the audit and is supported by a written handover sheet that is updated as required to ensure consistent communication among staff. Care workers document progress notes each shift, reflecting monitoring and interventions outlined in care plans and evidencing both acute and ongoing care needs. Registered nurses complete at least weekly clinical summary notes for all residents, with additional entries made as required based on clinical need, such as but not limited to changes in health status, acute illness or deterioration, falls or incidents, changes to medication or treatment plans, wound development or progression, behavioural changes, nutrition or hydration concerns, pain management requirements, or following hospital admission or specialist review. Nursing documentation reflects residents' current health status and ongoing care requirements. Residents interviewed reported their needs and expectations are being met. Care plans are resident-focused and individualised, with clearly documented goals. Evaluations reflect progress against these goals, and long-term care plans outline goals and interventions to manage residents' health needs and associated risks. When residents' condition changes, registered nurses initiate a clinical review, including GP input as required. Family/whānau or enduring power of attorney are notified of changes in health status, including infections, incidents, GP reviews, medication changes, and other significant clinical concerns. Where outcomes differ from expected goals, such as the development of an acute infection or a wound, a short-term care plan or wound care plan is initiated to address the change in condition. Adverse events and infections have been documented and investigated, with findings informing care. Where conditions are ongoing, interventions are incorporated into the long-term care plan. The wound register sighted identified eight residents with current wounds, including skin tears, lesions, open blisters, and pressure injuries (stage I and stage II). The electronic wound care management system documents wound assessments,

		management plans, evaluations, and photographic evidence, with specialist input accessed as required. Monitoring tools, including but not limited to: neurological observations, weight, food and fluid balance, intentional rounding, bowel charts, blood pressure, pain, behaviour, and blood glucose monitoring, have been implemented and completed to support ongoing assessment and management. Monitoring documentation was sighted within the electronic management system, medication management system, and, where applicable, in hard copy format (e.g. neurological observations). Neurological observations for unwitnessed falls with suspected head injury were completed in accordance with facility policy. Registered nurses and care workers report that adequate clinical supplies and equipment are available, including continence products, wound care supplies, and pressure injury prevention resources, with access to specialist continence support as required.
Subsection 3.3: Individualised activities 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.	FA	The service employs two lifestyle coordinators, including one full-time qualified diversional therapist and one casual diversional therapist, with additional support from a lifestyle coordinator team leader across Presbyterian Support Southland services. Activities are provided across seven days with care staff supporting the activity programme over the weekends. The diversional therapist interviewed described a structured and responsive approach to activity planning, ensuring programmes reflect residents' abilities, preferences, and changing needs. The "Getting to Know Me" assessment is completed on admission and identifies residents' past and current interests, preferences, and cultural, social and spiritual needs. This information informs the development of the monthly activities programme, which is designed to promote meaningful engagement. A monthly programme is developed and translated into weekly

		schedules, which are provided to residents and displayed throughout the facility in large print. The programme includes a balance of individual and group activities to support cognitive, physical, social, and emotional wellbeing. Activities include exercise groups, walking groups, games, music, crafts, reading, and one-on-one engagement for residents who choose not to participate in group activities. Observation during the audit and review of the weekly programme confirmed implementation. Cultural activities are integrated throughout the programme. Te reo Māori is being introduced to staff to support culturally inclusive practice, and interpreter support is available where required to ensure residents can participate effectively. The activities calendar includes culturally significant events such as Waitangi Day, Matariki, and Māori Language Week, with activities such as hāngī preparation and flax weaving supporting participation in te ao Māori. Engagement with local rūnanga and visiting kapa haka groups further supports cultural connection. Community engagement is actively facilitated. Residents participate in outings including café visits, lunches, and local events, with planning documentation evidencing coordination and consideration of resident needs. A wide network of volunteers, entertainers, and community groups contribute to the programme, enhancing variety and social connection. Regular scheduled visits from local churches provide ongoing spiritual support and maintain links with the wider community. Resident participation is encouraged and documented, with attendance records maintained and engagement recorded in progress notes. Where residents choose not to participate in group activities, alternative one-on-one engagement is provided. Activities are planned to support social connection, cultural identity, and overall wellbeing, while respecting individual choice. Residents and family or whānau are provided with opportunities to give feedback through resident and family meetings and satisfaction surveys. Feedback reviewed evidenced overall satisfaction with the activities programme. Residents and their family / whānau interviewed confirmed that activities are

		meaningful, enjoyable, and reflective of individual preferences. The prospective purchaser has no plans to change the activities programme.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	Policies around medication administration and management are documented. The facility manager, clinical leads, registered nurses, and care workers who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. Care workers could describe their role regarding medication administration. All medication is checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Medications are appropriately stored in a large treatment room. The medication fridge and treatment room temperatures are monitored daily, and the temperatures are within acceptable ranges. All over the counter vitamins, supplements, or alternative therapies that residents choose to use, are reviewed, and prescribed by the general practitioners. The date of opening of medications with a short shelf life is documented, there were no out of date medications on the day of audit. Fourteen electronic medication charts were reviewed. The medication charts identify that the general practitioner reviews resident medication three-monthly, and each chart has photographic identification and allergy status identified. All regular and pro re nata (PRN) medications are prescribed and administered appropriately. All medications prescribed have indications for usage documented by the prescriber and effectiveness of administered PRN medications are documented. One resident self-administers their eye drops. The facility follows the resident medication policy in relation to self-administration. The competency of the residents to self-administer their medication is reviewed on a three-monthly basis. The resident has a secure area to store their medication. Standing orders are not used.

		Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The registered nurse described a process to work in partnership with Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes for Māori residents. The prospective purchaser confirmed the medication management system will remain unchanged.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	The kitchen service is supported by a head cook, an alternate cook, and five kitchen assistants. Meals are prepared on site, and the kitchen was observed to be clean, well-organised, and appropriately equipped. A current approved food control plan is in place. The head cook interviewed demonstrated knowledge of residents' dietary requirements, preferences, and cultural needs, and confirmed that any changes are communicated by the registered nurse in a timely manner. Menus are developed on a seasonal basis by the organisational kitchen manager and are reviewed and approved by a dietitian. Evidence of current dietitian review was available on the day of audit. The menu reflects a variety of options and considers residents' nutritional needs, preferences, and special dietary requirements, including modified textures, allergies, and intolerances. Alternative meal options are available at each mealtime and are communicated to residents. Feedback regarding meals is obtained through daily interaction between kitchen staff, care staff, and residents, as well as through resident and family or whānau meetings. Residents and family or whānau interviewed confirmed satisfaction with the quality, variety, and choice of meals provided. This feedback is used to inform menu planning and ongoing service improvement. Cultural food preferences are respected and accommodated. Cultural meals are available on request and are also incorporated into the activities programme, including events such as hāngī and

		shared food experiences. Residents may also participate in food-related activities, including preparation and sourcing of food from the garden or local environment, supporting cultural connection and engagement. Meals are plated in the kitchen and served directly from bain-maries to the dining room, which is located adjacent to the kitchen, supporting timely service and maintenance of food temperature. Meals delivered to residents' rooms are transported on trays using hot plates, covered with foil and insulated dome covers to ensure food remains at a safe and appropriate temperature on arrival. Meals are served in both dining areas and resident rooms, with staff providing assistance as required. Observation during the audit confirmed that residents were supported in a respectful and dignified manner. Modified utensils are available to promote independence with eating, including adaptive cutlery to support residents with reduced dexterity, tremors, or limited hand function. The dining experience supports residents' comfort, choice, and dignity. Residents are offered meals in a manner that aligns with their preferences, and assistance is provided in a way that maintains independence wherever possible. The prospective purchaser confirmed there will be no immediate changes made to the menu or food service.
Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.	FA	Planned discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care. The resident transfer or discharge policy and procedures ensure discharge, or transfer of residents is undertaken in a timely and safe manner. The residents and family/whānau are involved in any discharge or transfer to or from the service. Residents and family/whānau are given options to access other health and disability services and social support or Kaupapa Māori services, where indicated or requested. The registered nurses explained the transfer between services includes a comprehensive verbal handover and the completion of specific documentation.

Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	FA	Resthaven is a single level care facility with a current building warrant of Fitness, expiring 24 June 2026. The physical environment is maintained to support safe service delivery, with a full-time maintenance person overseeing the site. Maintenance requests are logged electronically and addressed in a timely manner. Essential contractors, including plumbers and electricians, are available 24 hours a day. An annual maintenance plan is implemented and includes: electrical testing and tagging, residents' equipment checks, and calibration of medical equipment. Visual inspection of equipment confirmed testing, tagging, and calibration requirements are completed. The facility comprises two main wings, Waimea and Charlton, arranged in an interconnected looped, figure-of-eight layout. There is sufficient space throughout the facility to support the safe use of mobility aids and equipment, including hoists for transfers. Handrails are installed throughout to promote safe mobility and independence. The design supports continuous movement and ease of navigation, enabling residents to move safely and independently throughout the facility, as observed during the audit. Care workers interviewed confirmed there is adequate equipment and space to safely deliver care. At the time of audit, the resident accommodation consists of single occupancy rooms with shared ensuites. Rooms are of an appropriate size to support care delivery and mobility equipment, and residents are encouraged to personalise their rooms with personal belongings. All rooms have external windows and access to natural light and ventilation. Toilet and shower areas are of adequate size to accommodate equipment such as shower chairs and commodes and are designed for ease of cleaning. Hand basins are present in resident rooms. Communal areas include a main lounge, several smaller lounges (including a family/whānau room), and a dining room located adjacent to the main kitchen. These areas provide adequate space for group and individual activities. Communal and visitor toilets are

		available and accessible. Heating is provided via a central boiler system supplying wall-mounted radiators in resident rooms and corridors, with adjustable settings to meet individual comfort needs. Heat pumps are available in communal areas. Hot water temperatures are monitored monthly. Records reviewed confirm that monitoring and associated corrective actions for out-of-range temperatures have been consistently documented since the previous audit. Storage areas are available for mobility equipment. Internal and external courtyards are safely accessible. Outdoor areas are well maintained, with appropriate seating and shaded spaces. A contracted gardener maintains the grounds and surrounding environment. An additional wing connected to the Waimea wing comprises ten dual-purpose (rest home and hospital level) rooms. This area is currently unoccupied but fully prepared for use. The readiness and suitability of this area were verified at the previous certification audit. It includes a large communal lounge with kitchenette facilities opening to an external garden area, and a smaller family/whānau room. The rooms are suitable for hospital-level care, with adequate bathroom and toilet facilities to support higher-level care equipment. The facility is not currently undergoing construction. The environment supports cultural safety and inclusivity. Māori perspectives are acknowledged within the service, including the blessing of the re-opened dual-purpose care rooms. Ongoing cultural engagement will be guided by the incoming owner during and following the transition process.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency	FA	The emergency management plan outlines the specific emergency response and evacuation requirements, as well as the duties and responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely

and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.		evacuation of the facility in the case of an emergency. A fire evacuation scheme is in place and was approved by the New Zealand Fire Service in March 2021. Fire evacuation drills are conducted every six months. The staff orientation programme includes fire and security training. Fire exit doors were clearly labelled and free from clutter. All required fire equipment is checked within the required timeframes by an external contractor. The facility is well prepared for civil emergencies, with civil defence supplies and sufficient storage of emergency water, including a water tank (7,500 litres) and bottled water (120 litres) on site, which is adequate supply for three litres per resident (and for staff on site), per day for seven days. There is a BBQ and gas for a stove in the kitchen available for cooking if the electricity is out. Emergency food supplies sufficient for at least seven days are kept in the kitchen and storage cupboard. There is no generator on site; however, the organisation has an agreement in place with a local contractor to provide one if needed. Emergency lighting is available and is regularly tested. The facility manager and registered nurses are all first aid trained. The service has a call bell system in place that is used by the residents, family/whānau, and staff members to summon assistance and these are checked regularly by the maintenance person. All residents have access to a call bell. Residents and family/whānau confirmed that staff respond to call bells promptly. Residents and family/whānau know how to alert staff when they need to access the facility after hours. Appropriate security arrangements are in place. The building is secure after hours. Staff and an external security company complete regular security check at night.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.	FA	The infection prevention and control (IPC) coordinator provides monthly clinical quality reports to facility manager who provides a report to the Enliven quality manager. The clinical governance committee reviews the report. The infection control (IC) and antimicrobial stewardship (AMS) programmes are led by the

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.		Enliven quality manager, with oversight from the clinical governance committee. Infection prevention and control, and antimicrobial stewardship policies and procedures have been recently reviewed and are appropriate for the service. The IC programme and policies and procedures link to the quality improvement plan 2023-2026 with goals reviewed and reported on regularly to the senior leadership team and governance. Details of the inclusion of infection prevention within the infection surveillance and clinical outcomes reports are noted within the quality and risk programme. This includes reports on significant infection events. Expertise and advice is able to be sought from the GP, Health New Zealand infection control team, and experts from the local public health team, as and when required The prospective purchaser intends to maintain a “business as usual” plan for the transition. There are no planned changes to infection control practices. .
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally 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.	FA	The infection prevention and control (IPC) coordinator in conjunction with the facility manager oversees and coordinates the implementation of the IC programme for PSS Resthaven Village. The IPC coordinator’s role, responsibilities, and reporting requirements are defined in the infection control officer’s job description. The IPC coordinator has completed external education on infection prevention and control for clinical staff and has access to shared clinical records and diagnostic results of residents. The IPC coordinator has access to external infection control expertise and provides monthly reports to the facility manager who then reports to the Enliven quality manager. There is a defined and documented IC programme implemented that was developed with input from external IC services and reviewed annually. The IC programme has been approved by the clinical governance committee and is linked to the PSS wide risk programme. Infection control policies were developed by suitably qualified personnel and comply with relevant legislation and

		accepted best practice. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. The pandemic and management of outbreaks plan in place is reviewed at regular intervals. Sufficient IC resources, including personal protective equipment (PPE), were available on the days of the audit. Infection control resources were readily accessible to support the implementation of the pandemic response plan if required. The IPC coordinator has input into other related clinical policies that impact on healthcare-associated infection (HAI) risk and has access to all resident records as required. Staff have received education in IC at orientation and through ongoing annual online education sessions. Infection control information is provided to residents, by education on an individual basis during cares, or to a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents. The IPC coordinator liaises with the Enliven quality manager on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers. The Enliven quality manager stated that the IPC coordinator would be involved in the consultation process for any proposed design of any new building, or when significant changes are proposed to the existing facility. Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection guide for staff documented in the infection control isolation and precautions policy (reviewed). Infection control audits are completed, and where required, corrective actions are implemented. Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique, and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and different/coloured face

		clothes are used for different parts of the body, and same applies for white and coloured pillowcases. These are some of the culturally safe practices in IC observed and thus acknowledge the spirit of Te Tiriti. The IPC Coordinator reported that residents who identify as Māori are consulted on IC requirements as needed. During interviews, staff understood these requirements. The service has printed off educational resources in te reo Māori and they are available online. The prospective purchaser plans to maintain the established comprehensive infection control and antimicrobial programmes which are linked to the electronic quality system.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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.	FA	The 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 clinical governance committee. The policy in place aims to promote optimal management of antimicrobials, to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The GP has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment are maintained. The annual IC and AMS review and the infection control and hand washing audit include the antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, pathogens isolated, and any occurrence of adverse effects. Antibiotic use is benchmarked, and information is shared with the GP. The prospective purchaser plans to maintain the established antimicrobial programmes, which are linked to the electronic quality system.

Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	FA	The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The hospital acquired infections (HAIs) being monitored include infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. HAIs are monitored through documentation and care planning and residents and family/whānau are informed of the progress. The Enliven quality manager extracts ethnicity data from the surveillance of healthcare-associated infections at regional level. Benchmarking is completed with other Presbyterian Support organisations nationally. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates, of audit outcomes at quality and staff meetings. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented. Residents were advised of any infections identified and family/whānau where required in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There has been one outbreak reported since the last audit. The IPC detailed the processes that is implemented in the event of an outbreak. The prospective purchaser plans to maintain the established surveillance programme, which is linked to the electronic quality system. .
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a	FA	There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per

hygienic environment. My feedback is sought on cleanliness within the environment. 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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.		local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. There are housekeepers whose role includes cleaning seven days a week. Cleaning guidelines are provided. Cleaning equipment and supplies are stored safely in a locked storeroom. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The housekeepers have attended training appropriate to their roles. Cleaning products are in labelled bottles. There are regular internal environmental cleanliness audits completed by the domestic supervisor from Invercargill. The results are monitored by the facility manager. These did not reveal any significant issues. There is a sluice and sanitiser in the facility. Towels and bed linen is washed off-site and picked up and delivered at regular intervals during the week. Personal clothing, kitchen, cleaning cloths and mopheads are laundered on site. The laundry area is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents daily. Washing temperatures are monitored and maintained to meet safe hygiene requirements. Care workers interviewed stated they have sufficient linen available to them to provide care to the residents. The effectiveness of laundry processes is monitored through the internal audit programme. Resident and family/whānau interviews confirmed satisfaction with cleaning and laundry processes. The IPC coordinator provides support to maintain a safe environment during construction, renovation and maintenance activities. The prospective purchaser plans to maintain the established cleaning and laundry systems.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.	FA	There is a governance commitment to maintaining a restraint-free environment. Resthaven has no residents requiring restraint, including no use of emergency restraint at the time of audit. This aligns with organisational policy, which states that restraint is a serious intervention and is only to be used as a last resort following

Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.		comprehensive assessment and implementation of alternative strategies. The service demonstrates a clear commitment to restraint elimination, supported by the Here Taratahi (Restraint and Seclusion) policy, which promotes least restrictive practice, dignity, and maintenance of residents' mana. Seclusion is not practiced within the service. The policy outlines that, in the event of an acute or emergency situation, restraint may be initiated by a registered nurse in consultation with the general practitioner and the resident's family / whānau, where required to maintain safety. In such circumstances, the event would be documented, followed by full assessment, incident reporting, and subsequent review in accordance with policy requirements. At the time of audit, no such events have occurred since the last audit. A restraint coordinator, who is a registered nurse, is responsible for oversight of restraint elimination processes. The restraint coordinator provides clinical leadership, education, and monitoring of compliance with restraint policy and best practice. Restraint oversight occurs through established governance and quality systems. Monthly quality and risk reporting includes review of restraint data, benchmarking, and analysis to support ongoing monitoring and maintenance of a restraint-free environment. Organisational governance structures receive aggregated data, including any restraint use, to ensure oversight and continuous improvement. Staff training in restraint elimination and least restrictive practice is provided at orientation and reinforced through ongoing annual education. Training includes de-escalation techniques, alternatives to restraint, and safe practice within a culture of continuous learning. The policy framework supports a holistic assessment approach, incorporating clinical, cultural, and psychosocial factors, with a strong emphasis on early identification of risk and implementation of alternative interventions to avoid restraint use. Processes include multidisciplinary assessment, whānau involvement, and

		culturally safe practice consistent with Te Tiriti o Waitangi.

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.

No data to display

End of the report.