Chatswood Lifecare Limited - Chatswood Retirement Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Chatswood Lifecare Limited
Premises audited:	Chatswood Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 12 March 2026 End date: 13 March 2026

Proposed changes to current services (if any): Note the change in bed numbers for this report. The previous report stated that there were 101 beds and 30 serviced apartments. This was incorrect as one service apartment was counted as two (there was a couple in serviced apartment 119 previously). The correct numbers are stated in this report as 100 beds and 29 studio apartments (all certified for rest home level of care).

Total beds occupied across all premises included in the audit on the first day of the audit: 59

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Chatswood Retirement Village provides rest home and hospital (medical and geriatric) levels of care for up to 100 residents. There were 59 residents on the days of audit. This certification audit was conducted against the Nga Paerewa Health and Disability Services Standards 2021 and the contracts with the Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family/whānau, management, staff, and a general practitioner.

The village manager is appropriately qualified and experienced and is supported by a clinical manager, unit coordinator, and quality consultant. There are quality systems and processes being implemented. Feedback from residents and family/whānau was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit did not identify any shortfalls.

The service is awarded continuous ratings for the facilitation of te ao Māori and for the reduction in non- falls related skin tears.

Ō tātou motika | Our rights

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

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

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed.

The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

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

The business plan includes a mission statement and operational objectives The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality

improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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

Accurate information about the service is available in an admission pack which is available prior to or on entry to the service. Registered nurses assess residents on admission. InterRAI assessments are used to identify residents' needs, and long-term care plans are developed and implemented. The general practitioner completes an assessment on admission and reviews occur thereafter on a regular basis. Residents' files reviewed demonstrated evaluations are completed at least six-monthly. Residents have their needs met in a manner that respects their cultural values and beliefs. There are policies and processes that describe medication management that align with accepted guidelines.

Staff responsible for medication administration have completed annual competencies and education. A comprehensive suite of policies is in place that align with current legislation. At the time of the audit there was a nationwide outage of the electronic medication system, and the service had reverted to a manual alternate process. All medication charts reviewed were completed correctly and evidenced allergies and sensitivities. All medications were prescribed and administered appropriately.

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

A diversional therapist provides an interesting and varied activity programme that is tailored for the residents in each area in the facility. Residents have choice of activities that are meaningful to them. This includes opportunities to participate in te ao Māori. Residents were satisfied with the activities on offer.

Discharge and transfers are managed safely in collaboration with residents and their family/whānau.

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

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

There is a current building warrant of fitness. There is a preventative maintenance plan. Rooms are spacious to provide personal cares. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. There is adequate space throughout the facility for residents to move around freely with mobility aids. All resident rooms are single occupancy. All communal areas and resident rooms have natural light.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency including a pandemic. There are emergency supplies for at least three days. A first aid training staff member is always on duty. Appropriate security measures are undertaken.

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

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

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers, and visitors. The infection control programme is implemented and meets the needs of the organisation. Information and resources are provided to residents, family/whānau and staff.

Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored.

Standardised definitions are used for the identification and classification of infection events. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic response (including Covid-19) plans are in place, and the service has access to personal protective equipment supplies. There have been two outbreaks since the previous audit.

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

Here taratahi | Restraint and seclusion

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

The directors are committed to maintain a restraint free environment. The restraint coordinator is the clinical manager (registered nurse). The facility had no residents using restraints at the time of audit. Elimination of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	2	166	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	A Māori Health Plan is documented for the service. This policy acknowledges the Te Tiriti O Waitangi as a founding document for New Zealand. The service does currently have residents who identify as Māori. Chatswood Retirement Village incorporates the Māori health strategy (He Korowai Oranga), and Te Whare Tapa Wha Māori Model of Health and wellbeing as part of staff training. Managers also discuss the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents. Elements of this are woven through other training as appropriate. All staff have access to relevant tikanga guidelines. The service has links with local iwi through the directors, and through current staff members, with kaumatua and kuia being available to support the organisations cultural journey. The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were Māori staff members. Staff members interviewed stated that they are supported in a culturally safe way and staff are encouraged to use both te reo and relevant tikanga in their work with the residents as detailed in the

		Māori health plan and tikanga guidelines. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Management (village manager, clinical manager, operations director), and 16 staff members interviewed; six caregivers, three registered nurses (RN) including the unit coordinator, contractor quality, administration assistant, kitchen manager (for the contracted company), cleaner, laundry assistant, maintenance person and one diversional therapist (DT), described how care is based on the resident's individual values, beliefs, and preferences. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents.
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	Chatswood Retirement Village recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a comprehensive Pacific Health plan documented, written by an external consultant with Pasifika input, with policy based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is available in a number of different languages according to resident need. On the day of audit there were no Pasifika residents living at Chatswood Retirement Village. Ethnicity information and Pacific people's cultural beliefs and practices are identified during the admission process and entered into the residents' files. Family/whānau are encouraged to be present during the admission process and the service welcomes input from the resident and family/whānau when documenting the initial care plan. Individual cultural beliefs are documented in the activities profile, activities plan, and care plan. The service is actively recruiting new staff. The village manager confirmed how they encourage and support any staff that identify as Pasifika at the beginning of the employment process. Staff interviews

		confirmed the service is a welcoming place for all cultures, and the recruitment processes support this. Interviews with staff members, four residents (two rest home residents, two hospital residents), and five family/whānau (three hospital, two rest home) identified that the service puts people using the services, family/whānau, and the Chatswood Retirement Village community at the heart of their services. The service can consult with Pacific Island staff, and industry advisors who identify as Pasifika to access community links and continue to provide equitable employment opportunities for the Pasifika community.
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	The Code is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The village manager or clinical manager discusses aspects of the Code with residents and their family/whānau on admission. Discussions relating to the Code are also held during the monthly resident/family/whānau meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available at the entrance to the facility, and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support through local churches. Church services are held weekly. Staff receive education in relation to the Code at orientation and through the education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.

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	Staff members interviewed described how they support residents in their choices. Residents interviewed stated they had choice and examples were provided. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. The service's annual training plan demonstrates that training is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed most recently in 2025, confirmed that residents and family/whānau are treated with respect. This was also confirmed during interviews with residents and family/whānau. A sexuality and intimacy policy is in place and is supported through staff training. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Resident files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Registered nurses complete the New Zealand Nursing Council Cultural safety training. The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak/understand te reo Māori. Māori cultural days are celebrated and include Matariki and Māori language week. All staff attend specific cultural training that covers Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, and complete a cultural competency in order to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice including supporting

		them with te ao Māori. The service is awarded a continuous rating for the facilitation of te ao Māori.
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	A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise their own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. A review of resident care plans identified goals of care included interventions to promote positive outcomes, and care staff interviewed confirmed an understanding of holistic care for all residents. Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. Residents expressed that they have not witnessed any abuse or neglect, and said they are treated fairly, feel safe, are protected from abuse and neglect. They stated that their property is respected. All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.
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.	FA	Information is provided to residents and family/whānau on admission. Monthly resident meetings identify feedback from residents and consequent follow-up by the service. Policies and procedures relating to accident/incidents, complaints, and

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.		open disclosure policy alert staff to their responsibility to notify family/whānau/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Twelve accident/incident forms reviewed identified family/whānau/next of kin are kept informed, and this was confirmed through the interviews with family/whānau. An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, all residents could speak and understand English. Caregivers and the registered nurse interviewed described how they are able to assist residents that do not speak English with interpreters or resources to communicate as the need arises. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and next of kin are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident such as the hospice and Health New Zealand specialist services (e.g., physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice nurse, speech language therapist, and dietitian). The delivery of care includes a multidisciplinary team, and residents and/or family/whānau provide consent and are communicated with regarding services involved. The clinical manager described an implemented a process around providing residents with time for discussion around care, time to consider decisions, and opportunity 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	FA	There are policies around informed consent. Eight resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.

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.		In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where available. Certificates of mental incapacity and activation of the EPOA documents were on file for residents where required.
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 procedure is provided to residents and family/whānau on entry to the service. The service maintains a record of all complaints, both verbal and written on a complaints register. There have been five complaints in 2024, and one in 2025 year to date since the previous audit in December 2024. There were no trends identified. The management team could evidence the complaint documentation process including acknowledgement, investigation, follow-up letters, and resolution to demonstrate that complaints are managed in accordance with guidelines set by the HDC. There were no complaints received from any external agencies. Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in the combined staff and quality meetings. Complaints are a standard agenda item in all staff, clinical and senior team meetings (meeting minutes sighted). Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available throughout the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly. Communication is maintained with individual residents with updates at activities and mealtimes and one on one reviews. Residents/family/whānau making a complaint can involve an independent support person in the process if they choose. On interview residents and family/whānau stated they felt comfortable

		to raise issues of concern with management at any time. The complaints process is equitable for Māori, complaints related documentation is available in te reo Māori, and the management team are aware of the preference of face-to-face interactions for some Māori.
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	Chatswood Retirement Village provides rest home and hospital level care for up to 100 residents within a 29-bed hospital (all dual purpose), 29 serviced apartments and studio apartments (all certified for rest home level of care), and 42 care suites (all dual purpose). There are also 30 apartments. At the time of the audit there were 59 residents in total: 16 rest home level residents (including two in the serviced apartments) and 43 hospital level residents in the care suites. All residents were under the age-related residential care (ARRC) agreement. There were no couples sharing rooms or apartments under an ARRC agreement. Two directors (operations director/ registered nurse [RN] and financial director) form the governing board. The directors have experience in owning and building aged care facilities. The governing board provide leadership and commitment to the quality and risk management system. The directors ensure compliance with legislative, contractual, and regulatory requirements. There is a business plan in place for 2024 to 2028 that includes a mission statement. The business plan outlined the scope, direction and operational objectives for Chatswood Retirement Village that support outcomes to reduce barriers to services and achieve equity for Māori and tangata whaikaha. There are community links to Māori services and the directors have access to a Māori advisor who provides advice to the directors in order to further explore and implement solutions on ways to achieve equity and improve outcomes for all. The management team and directors have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity, and cultural safety. The village manager reports on the operational objectives at least

		monthly to the directors. The operations director is on site three or more days per week and is accessible on call at all times. The quality coordinator visits monthly, reviews all quality activities, and attends the quality committee meeting. The service has a clinical governance structure in place that is appropriate to the size and complexity of the service provision. Clinical governance is overseen by the clinical governance lead (clinical manager) and an external consultant, who is a leading figure in the New Zealand nursing and aged care environment. The clinical governance lead provides regular feedback to the directors on clinical matters. Chatswood Retirement Village is managed by a village manager (non-clinical) who has been in the role for three and a half years and has considerable management experience in aged care. The village manager is supported by a clinical manager who has worked at Chatswood Retirement Village for 12 years, a unit coordinator, contractor quality coordinator, administration assistant, and team of experienced care staff. The village manager and clinical manager have completed more than eight hours of training related to managing an aged care facility.
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	Chatswood Retirement Village has established quality and risk management programmes. These systems include performance monitoring and benchmarking through internal audits, through the collection, collation, and internal benchmarking of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity. 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. A document control system is in place. Policies are regularly reviewed and any new policies or changes to policy are communicated to staff. Regular quality meetings, full staff meetings, and clinical meetings (RN and caregiver meetings) provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection

		control/pandemic strategies, complaints received (if any), staffing, and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted, and accessible to staff in their staff room and nurses' stations. Corrective actions are discussed at staff/quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Quality improvement projects are documented, monitored, and evaluated. The service is awarded a continuous improvement rating for reduction in skin tears (not falls related). The resident and family /whānau satisfaction surveys indicate that both residents and family/whānau have reported high levels of satisfaction with the service provided. The December 2025 satisfaction survey evidence high satisfaction in all areas of service delivery (care 97 percent, activities 93 percent, resident rights 93 percent, staff 100 percent, and environment 100 percent). The service is awarded a continuous improvement rating for facilitating te ao Māori (link 1.4.6). A health and safety system is in place with identified health and safety goals. Health and safety is discussed at a bimonthly health and safety meeting. A health and safety committee assist with management of hazards and investigation into staff injuries. Manufacturer safety data sheets are up to date. An up-to-date hazard and risk register had been reviewed (sighted). Health and safety policies are implemented and monitored by the health and safety committee. A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Well-being support for staff includes an employee assistance programmes. All staff completed cultural safety training to ensure a high-quality service is provided for Māori. Electronic entries are completed for each incident/accident, with immediate action noted and any follow-up action(s) required,

		evidenced in twelve accident/incident forms reviewed (witnessed and unwitnessed falls, an abrasion, and skin tears). Incident and accident data is collated monthly and analysed. Benchmarking occurs internally. Next of kin are notified following adverse events (confirmed in interviews). Opportunities to minimise future risks are identified by the clinical manager and or unit coordinator who reviews every adverse event. Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed to notify HealthCERT of the Medimap outage. Severity assessment code (SAC) notifications have been submitted relating to a pressure injury. There have been two outbreaks since the previous audit and reporting was completed for each outbreak to appropriate authorities.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	There is a staffing policy that describes rostering requirements, and the service provides 24/7 registered nurse cover. The management team are available Monday to Friday. They share an on-call roster with the unit coordinator. Interviews with caregivers, RNs and management team confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings, and resident meetings. There are caregivers allocated to look after the residents in the serviced apartments 24/7. There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. Competencies are completed by staff, which are linked to the education and training programme. All caregivers are required to complete annual competencies for restraint, hand hygiene, correct use of PPE, cultural awareness and moving and handling. A record of completion is maintained. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 44 caregivers, 94 percent have achieved a level 3 NZQA qualification

		or higher Additional RN specific competencies include syringe driver, medication, and interRAI assessment competency. Twelve RNs (including the clinical nurse manager) are interRAI trained. Registered nurses are supported to attend external training opportunities. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. Facility meetings provide a forum to encourage collecting and sharing of high-quality Māori health information. Staff wellness is encouraged through participation in health and wellbeing activities.
Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	FA	There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored in hard copy. Nine staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during their onboarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities, and any additional functions (e.g., restraint coordinator, infection control coordinator). A register of practising certificates is maintained for all health professionals (e.g., RNs, general practitioners [GPs], pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe

		environment to Māori. Volunteers are used (particularly with activities) and an orientation programme and policy for volunteers is in place. Ethnicity data is identified, and an employee ethnicity database is available. Following any staff incident/accident, evidence of debriefing and follow-up action taken are 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	Resident files and the information associated with residents and staff are retained electronically and staff files in hard copy (kept in locked cabinets when not in use). 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. Residents archived files are securely stored in a locked room and are easily retrievable when required. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The privacy officer is the village manager. The service is not responsible for National Health Index registration.
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.	FA	The service receives referrals from the needs assessment service coordination (NASC) team, the local hospital, and directly from family/whānau. Residents who are admitted to the service have been assessed by NASC to determine the required level of care. The

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.		clinical manager (CM) and unit coordinator screen the prospective residents. In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The CM described reasons for declining entry, which would only occur if the service could not provide the required service requested by the prospective resident. The other reason would be if there were no beds available. There are policies and procedures documented in relation to entry and decline of services. These guide management around admission and declining processes, including required documentation. The service collects ethnicity information at the time of admission from individual residents and complete routine analysis to show entry and decline rates for Māori. The service has an information pack relating to the services provided at Chatswood Retirement Village which is available to family/whānau prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. The organisation has a person and whānau-centred approach to services provided. Interviews with residents and family/whānau all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis. Family/whānau are updated if there is a delay to entry to service as documented in enquiry records. The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori and this includes Māori-specific support and available community services for potential residents and their whānau.
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	FA	Eight resident files were reviewed: five hospital level and three rest home level (including one resident living in a serviced apartment). Registered nurses (RN) are responsible for all residents' assessments, care planning, and evaluation of care. An initial

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.		assessment is undertaken by a RN on admission, and an initial care plan is developed in a timely manner. An interRAI assessment is completed by the RNs within three weeks of admission and is used to inform development of the long-term care plan along with input from the resident and family/whānau, caregivers, and activities staff. The long-term care plans reflect a resident/whānau centred model of care. Long-term care plans include planned interventions that cover medical conditions, physical needs, assistance required with activities of daily living, psychosocial and cultural needs, and preferences. Family/whānau interviewed confirmed they are involved in assessments, care planning, and review processes, and that residents are supported to have choice and control in meeting their needs and goals. They confirm staff facilitate access to information about other health services, such as allied health and alternative health care providers. Resident files show evidence of resident and family/whānau input. Feedback is sought from residents and family/whānau as part of the quality system to reduce barriers to care. Residents can either retain their own general practitioner (GP) or register with the facility contracted GP service. There are two GPs who each visit the service once a week and provide out of hours cover. Initial medical assessments occur within the required timeframes. The GP was interviewed and gave positive feedback about the communication with the village manager, clinical manager, and nursing team. Allied health care professionals involved in the care of the resident include, (but are not limited to): a physiotherapist who is onsite three and a half hours per week, podiatrist, hospice community staff, wound specialist, and dietitian. There is evidence in resident files that health care professionals are involved as clinically indicated. The electronic files allow for integration of services with all staff, including caregivers, RNs and activities staff involved contributing to the residents' files. Contact details for family/whānau are recorded in the electronic resident documentation system. Family/whānau and EPOA interviews and resident records evidenced that family/whānau are informed where there is a change in resident's health status, or that the care

		plan is being reviewed. Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift, as observed on the day of audit. Monthly (and more often if indicated) observations such as weight and vital signs are completed and are up to date. Neurological observations are recorded as per policy. Monitoring of care is stated in the care plans and include (but are not limited to) intentional rounding, wound monitoring, behaviour monitoring, regular repositioning, and food and fluid management. Short-term care plans are utilised for acute issues, including (but not limited to) weight loss, infections, and acute wounds. There were 25 current wounds (two chronic wounds, two acute surgical, one laceration, one pressure injury, skin tears, and skin lesions). All wounds reviewed had comprehensive wound assessments, including photographs (for complex wounds) to show the healing progress. An electronic wound register is maintained, and wound management plans are implemented. There is access to the Nurse Maude clinical nurse specialist. Caregivers and RNs interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Continence products are available and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use. Care plans are evaluated and reviewed at least six monthly in all service areas and include input from the RN, caregivers, residents and family/whānau, and activities staff. The care plan is reviewed to ensure residents' goals are being met and if there are new goals identified, the care plan is updated. The CM explained that residents who identify as Māori have a Māori health care plan developed which describes the support required to meet their needs. The CM reported that barriers that prevent tāngata whaikaha and family/whānau from independently accessing

		information or services would be identified, and strategies to manage these would be documented. Staff confirmed they understood the process to support residents and family/whānau. Cultural assessments are completed by staff who have completed cultural safety training.
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 one full-time diversional therapist and one part-time activities assistant. The activity programme is based on assessments and reflect the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. A resident profile detailing their life history is completed for each resident on admission in consultation with the family/whānau and residents. The activity programme is formulated by the diversional therapist in consultation with the nursing team and caregivers. Feedback is received from family/ whānau and residents as part of the satisfaction survey and resident meetings. Activities are provided Monday to Friday with booked entertainers on a Saturday. Chatswood Retirement Village activities programme is resident and aged focused. There are volunteers involved in the programme. The programme meets the recreational needs of the residents and reflects normal patterns of life. The programme is flexible to adapt to resident outings and includes impromptu activities. The programme reflects residents' choices. The need of each resident related to activities are evaluated when there are changes in resident's ability and as part of the formal six monthly interRAI assessments and care plan review. There is a monthly planner observed to be posted on notice boards around the service and in the residents' rooms. Monthly themes and special celebrations are included in the activities plan. Activity progress notes and activity attendance checklists are completed daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The activities programme included walks, scrabble, singing group, seated exercise, news and views, bowls, church services, mini golf, and one

		on one activities. Culturally themed activities are integrated into the activities programme and te ao Māori is facilitated through community engagements with community traditional leaders, hymns, activities that include poi and quizzes that utilise te reo Māori. The calendar includes a scheduled Matariki celebration month and weekly te reo Māori language group. The service has been awarded a continuous improvement rating for the way in which staff work alongside and support tāngata whaikaha to participate in individual activities of their choice including supporting them with te ao Māori (link CI 1.4.6). Van outings occur twice a week. Entertainers visit weekly. Residents were observed participating in the variety of activities on the audit days. Family/whānau and residents reported overall satisfaction with the level and variety of activities provided.
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	On the days of the audit, the electronic medication system was experiencing a prolonged national outage. The CM described the process for managing this event with a manual alternate process and there was evidence of paper medication charts and signing sheets that met the requirements. Medication management is safe and meets legislative requirements. Medications are administered by RNs and medication competent caregivers; all of whom are required to pass an annual medication competency. Staff have completed annual training in medication management. Staff were observed to be safely administering medications. Medicines are supplied by a local pharmacy. The service uses pre-packed blisters for regular medication and ‘as required’ medications. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy Staff interviewed could describe their role and responsibilities in relation to receipt, storage, checking expiry dates, administering, and returning medications to the pharmacy. Medications are stored in the locked medication room and medication trolleys are also locked. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges.

		All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies chosen to be used for residents, must be reviewed, and prescribed by the GP. The effectiveness of 'as required' medications is recorded in the electronic medication system. During the current outage, this is being recorded in the progress notes and was evidenced on review of resident files. Sixteen medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly and each medication chart has allergy status identified. There is one rest home resident in the serviced apartments who is deemed competent to self-administer medication. Their medication remains in their locked apartment. The medication policy describes the procedure for residents who self-administer medications, and this has been implemented as required. There are no standing orders in use. There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. The registered nurses described working in partnership with all residents to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents are involved in their three-monthly medical reviews and six-monthly multidisciplinary reviews. Any changes to medication are discussed with the resident and/or family/whānau. The Māori health plan includes a requirement for support, advice, and treatment for Māori.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	Food services are provided by an external catering company. The external catering company employ all food service staff. A qualified chef is the kitchen manager who oversees food services. There is a second chef rostered for weekends and a team of catering and kitchen assistants for the morning and afternoons. All meals and baking are prepared and cooked on site. All food service staff have completed online food safety training. A registered dietitian has reviewed the six-week menu. Residents' nutritional requirements are

		assessed on admission in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Residents' dietary preferences are available in the kitchen. The menu provides for pureed/soft meals. The service caters for residents who require texture modified diets and other foods. The food is served by the chef from a bain-marie directly to the residents in the adjacent hospital dining. The meals to the rest home, care suites and apartments are plated and delivered in scan box food warmers where caregivers serve the meals. Some residents prefer to receive their meals in their rooms; meals going to rooms are kept in the scan box until served. There is a coffee and tea making area available in a kitchenette for family/whānau to use. There are also snacks and fruit platters available. There is a current food control plan in place and expires on 31 January 2027. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), bain-marie serving temperatures, dishwasher rinse, and wash temperatures. All perishable foods and dry goods were dated. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide verbal feedback on the meals through the monthly resident meetings, which is attended by the kitchen manager. Resident preferences are considered when menus are reviewed. The kitchen manager interviewed stated they provided cultural meals. Residents are offered choices at each mealtime. Resident surveys are completed annually and evidence satisfaction with the food service. Residents interviewed expressed their satisfaction with the meal service. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required. Caregivers interviewed had a good understanding of tikanga guidelines related to food. The kitchen manager described how they

		would provide menu options culturally specific to te ao Māori if requested by residents.
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	Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a different level of care. Discharge and transfer are planned processes that are communicated with residents and their family/whānau. Residents and family/whānau are advised of the reason for transition/transfer, options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested. Family/whānau are informed when a resident is transferred to a public hospital. The RN completes a set of transfer documents. The GP makes the referral to hospital where appropriate. Relevant documentation sent with the resident includes a printout of their current medications, care needs, and a copy of enduring power of attorney documents. Resident needs and potential risks are communicated to the health service by the RN. Where residents wish or need to be seen by another health service, a referral is made. Examples sighted included a referral to the dietitian, and to the wound care specialist. Residents attending external appointments are encouraged to be accompanied by their family/whānau.
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	The buildings, plant, and equipment are fit for purpose at Chatswood Retirement Village. The environment is inclusive of people's cultures and supports cultural practices. Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the home, and can personalise their room. The current building warrant of fitness expires June 2026. There is a maintenance request book for repair and maintenance requests located at reception. There is an annual maintenance plan that includes electrical testing and tagging (completed September 2025), equipment checks, call bell checks, and calibration of medical equipment (completed September and October 2025). Hot water

		temperatures are monitored monthly and were seen to be within acceptable range. The reception, kitchen, laundry, and hair salon are situated near the main entrance on the ground floor. The building is a two-level building with care suites upstairs that are certified for dual purpose of care. The room configuration downstairs includes a mix of care suites and care rooms. All care suites and care rooms are ensuite and single occupancy. There is a central large main lounge and dining area downstairs with a separate dining area upstairs. The residents can choose where they would like to dine. There is a smaller lounge with TV, library, and activity resources. The serviced and independent apartments are located on the ground floor and have separate lounge and dining spaces allocated. Resident rooms are refurbished as they become vacant. Rooms, apartments, and care suites are spacious to safely manoeuvre mobility and transfer equipment. Door entries are spacious and wide for the movement of transfer and ambulance equipment. The corridors are wide with handrails and promote safe mobility. Residents were observed moving freely around the areas with mobility aids. There are several enclosed gardens, and all outdoor areas have seating and shade. The facility is surrounded by landscaped grounds and there are also resident accessible raised garden beds. There is safe access to all communal areas. All bedrooms and communal areas have ample natural light, ventilation, and thermostatically adjusted heating. There are separate visitor and staff toilet facilities. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate any equipment required. Residents and family/whānau are encouraged to personalise bedrooms as viewed on the day of audit. There is stair and lift access to the care suites upstairs. The lift is spacious to accommodate ambulance transfer equipment. The service confirmed the inclusion of local Māori providers to ensure aspirations and Māori identity were included with recent building

		changes and should further changes be made to the care centre, this would also be the case.
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 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.	FA	Policies and guidelines for emergency planning, preparation, and response are displayed and known to staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A trial evacuation drill was performed last on 05 March 2026. The drills are conducted every six months, and these are added to the training programme. The staff orientation programme includes fire and security training. There are adequate fire exit doors, and the car park is the designated assembly point. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan was in place. Adequate supplies in the event of a civil defence emergency including ceiling water tanks to provide residents with over the required three litres per day for a minimum of three days, food, water, candles, torches, continence products, and a gas BBQ. There is a generator on-site and this is serviced regularly. A minimum of one person trained in first aid is available at all times. Staff confirmed their awareness of the emergency procedures. The service has a call bell system in place that is used by the residents, whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by maintenance. Appropriate security arrangements are in place. Doors are locked at a predetermined time; staff ensure the facility is well secured each evening. Whānau and residents know the process of alerting staff when in need of access to the facility after hours. There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers. Staff are easily identifiable.

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. 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.	FA	The clinical manager (registered nurse) oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually by the management team, infection prevention and control committee, and infection control audits are conducted. Infection rates are presented and discussed at the staff and quality meetings. Infection control data is also reviewed by the management team and benchmarked internally. Infection control is part of the strategic and quality plans. The directors receive reports on progress quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources, and costs associated with infection prevention and control, and anti-microbial stewardship (AMS) on a monthly basis including any significant infection events. The service also has access to an infection prevention clinical nurse specialist from Health New Zealand and the general practitioner. There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations.
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 service has a pandemic response plan which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. The infection control coordinator has completed online education and completed practical sessions in hand hygiene and personal protective equipment (PPE) donning and doffing. There is good external support from the GP, laboratory, and Health New Zealand infection control nurse specialist. There are sufficient quantities of PPE equipment available as required. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles,

		responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the management team, and all policies are available to staff. The infection control coordinator has access to the electronic system and laboratory results. The infection control coordinator is part of the management team and they have input into the related policies that may impact HAI. There are policies and procedures in place around reusable and single use equipment, and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo information around infection control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention that acknowledge the spirit of Te Tiriti. The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around pandemic responses (including Covid-19) and staff were informed of any changes by noticeboards, handovers, and electronic messages. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated on policies and procedures through resident meetings, newsletters, and emails. Posters regarding good infection control practise were displayed in English, Te Reo, and are available in other languages. There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The infection control coordinator has input into the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products in collaboration with the village manager. The management team and infection control coordinator would liaise with their community iwi links should the design of any new building or significant change be proposed to the existing facility.

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 service has anti-microbial use policy and procedures and the clinical manager monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Any areas for improvement is identified, monitored, and discussed with the GPs. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff and quality meetings. The directors are informed of any infection issues via the quality meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.
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	Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practised. There are residents identified with multi resistant organisms, and the Health New Zealand infection control specialist and microbiologist have provided advice related to standard precautions and chemical use for cleaning processes. These processes are monitored by the infection control coordinator. Infection control surveillance is discussed at full staff and quality meetings. The service has incorporated ethnicity data into surveillance methods and data captured is easily extracted. Internal benchmarking is completed by the infection control coordinator, meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Health New Zealand for any community concerns. There have been two Covid-19 outbreaks reported since the last audit. The facility followed their outbreak and

		pandemic plan. There were clear communication pathways with responsibilities and include daily outbreak meetings and communication with residents, family/whānau, and staff. Staff wore personal protective equipment and were allocated to a cohort of residents to minimise risks. Family/whānau were kept informed by phone or email.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a 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.	FA	There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. All resident's personal laundry is managed onsite by dedicated laundry staff. The laundry is operational daily till 2.30 pm. The laundry area was seen to have a defined clean-dirty workflow, safe chemical storage, and the linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. There is appropriate sluice and sanitiser equipment available, and staff interviewed were knowledgeable around systems and processes related to hygiene, infection prevention, and control. The infection control coordinator has oversight of the facility testing and monitoring programme for the built environment.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure	FA	The facility is committed to providing services to residents without the use of restraint wherever possible. At the time of the audit, there were no residents using restraint. The facility has been restraint free for many years. The restraint policy confirms that restraint consideration and

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.		application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. The restraint coordinator (clinical manager) was interviewed. The restraint coordinator described the facility's focus on being restraint free. Restraint elimination strategies and management of challenging behaviour is included as part of the mandatory training plan and orientation programme. Staff have completed training related to maintaining a restraint-free environment and managing distressed behaviour and associated risks within the last 12 months. Clinical reviews of residents are completed to include alternatives strategies to restraint use and these are discussed with staff. When restraint is considered, the restraint coordinator works in partnership with the resident and family/whānau to promote and ensure services are mana enhancing. The use of restraint (if any) would be reported in the facility meetings and reported to the directors. Restraint use is benchmarked and links to operational goals of eliminating restraint. The reporting process to the director includes data gathered and analysis that supports the ongoing safety of residents and staff

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.4.6 Service providers shall respond to tāngata whaikaha needs and enable their participation in te ao Māori.	CI	Chatswood Retirement Village has demonstrated a well□structured and culturally grounded continuous improvement initiative through the enhancement of its annual Matariki commemoration programme and the implemented a culturally rich, resident□led Te Reo Māori learning programme. The project reflects a strong commitment to Taha Wairua, cultural safety, and meaningful engagement with residents, whānau, staff, and the wider community. The initiative shows clear alignment with Ngā Paerewa expectations for service responsiveness, cultural partnership, and resident wellbeing. The project shows clear planning, implementation, evaluation, and refinement consistent with a PDSA cycle, and provides measurable benefits to residents, staff, and the wider community.	The service strengthened spiritual wellbeing by embedding Taha Wairua practices into everyday life and annual celebrations. The shift was from a one□day celebration to an ongoing Matariki remembrance tree (an acknowledgement of residents whom have passed) incorporated with cultural events. The project demonstrates measurable enhancement of spiritual and emotional wellbeing, supported by resident feedback and iterative refinement. The project actively involves residents, family/whānau, staff, and local schools whilst strengthening community relationships. Weekly Te Reo classes were implemented since May 2025 with a consistent attendance of four to six residents, which aimed to enhance residents’ emotional, cultural, and spiritual wellbeing, supporting identity and belonging. Residents with communication challenges (e.g., post□stroke) are able to participate meaningfully through waiata, demonstrating inclusive

			practice. Residents gain new knowledge of Te Reo Māori, tikanga, and Māori history (e.g., Parihaka). Learning is applied across the village through waiata, karakia, and cultural events. Residents with cultural knowledge were empowered to guide tikanga and ceremony protocols. This further lead to a Te Reo waiata group that was established. Attendance were monitored, feedback was collected after each event/class, and improvements were actioned (e.g., new microphone/speaker system, improved data recording). Ā survey that include residents, staff and family/whānau and participants (kapa haka groups/local school) collated following the Matariki celebration evidence overall positive results. Residents stated they enjoyed "a well put together programme;" "I enjoyed the staff involvement;" "I enjoyed most the Māori crafts making during the week." The Te Reo group started off as an intellectual exercise but unexpectedly morphed into the forming of additional groups. The satisfaction related to the activities programme in December 2025 was at 93 percent; noting that there was no baseline satisfaction percentage to use for 2024).
Criterion 2.2.2 Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.	CI	The service implemented their own developed intentional rounding programme as part of their falls prevention programme and as a response to the high incidences of falls in 2024. The quality programme has been documented, evaluated, and reported on in the bimonthly quality and staff meetings. Feedback from staff were taken into consideration and the tool was refined. An unexpected result from the quality initiative was the reduction in skin tears that were not falls related. This narrative related to the continuous improvement rating focussed on the reduction in skin tears (and not falls). Evidence shows that skin	The aim of the intentional rounding for each resident was developed in partnership with the resident, caregivers, and family/whanau. The intentional rounding ensures staff being proactive in their awareness of the clinical and personal needs of the patients they are caring for. A main focus point of the intentional rounding was to minimise falls with increased contact with caregivers whereby caregivers would address each residents risk factors when implementing their rounds (including but not limited to) a quick assessment of the room/room (placement of call bells, walker, water jug, checking of hearing aids, glasses, footwear, proactive toileting and optimal

		tears are identified to be common in elderly and deteriorate their health and quality of life.	hydration (offer fluids). The hypothesis is that when falls decrease skin tears related to falls will decrease. However, it was noted that when the same extrinsic risks were minimised it directly have an effect on the decrease of skin tears (unrelated to falls). As a result of monitoring to ensure there is a safe living environment, there has been a reduction in the risk of accidental injuries. In the first half of 2025 it was noted that the incidences of skin tears reduced at a remarkable rate when compared to the same time the previous year (average per month: 15.2/month in 2024 vs 5.3/month in 2025) or 182 incidences (2024) to 64 (2025). The exact figure shown is a decrease of 64.8352%. The drop from 182 to 64 (about two thirds fewer events) is large enough that it likely reflects a real change, not just random variation. By mid July 2025, this goal was added as part of the initiative to maintain the decrease in skin tears (unrelated to falls) and engage caregivers to refine a multi-faceted approach focusing on intentional rounding, skin health, environmental safety, nutrition and hydration and careful handling. Consistency was noted in the reduction of incidences of skin tears and every month in 2025, there was a decrease below the corresponding month in 2024 (noting that while there was a \spike to 11 events in December 2025 with this number still below the 2024 peaks). By reducing the skin tears, residents wellbeing has improved. The satisfaction related to care increased from 83 percent in 2024 to 97 percent in 2025.

End of the report.