

Oceania Care Company Limited - Green Gables

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Oceania Care Company Limited

Premises audited: Green Gables

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

Dates of audit: Start date: 17 March 2026 End date: 18 March 2026

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 56

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
Yellow	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
Red	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

Green Gables provides rest home, and hospital level of care for up to 61 residents. On the day of audit there were 56 residents.

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

The general manager is appropriately qualified and supported by registered nurses and a team of experienced care and support staff. There has been a change in management since the previous audit. There are quality systems and processes being implemented. Feedback from residents and family/whānau was highly complementary about the care and the services provided.

Induction and in-service training programmes are in place to provide staff with appropriate knowledge and skills to deliver care.

There were no shortfalls to address from the previous audit.

There were no shortfalls identified at this surveillance audit.

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.

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

There was no evidence of abuse, neglect, or discrimination. Staff are aware of professional boundaries. There are established systems to facilitate informed consent, and to protect resident's property and finances.

The complaints process is responsive, fair, and equitable. Complaints are managed in accordance with the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) , and complainants are kept fully informed.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

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

There is process for following the National Adverse Event reporting Policy, and management have an understanding, and comply with statutory and regulatory obligations in relation to essential notification reporting. Quality improvement projects are implemented. Internal audits are documented as taking place as scheduled, with corrective actions as indicated.

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

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

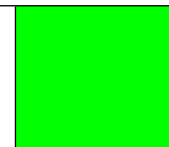
Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The hard copy medicine charts reviewed met prescribing requirements.

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

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

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

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



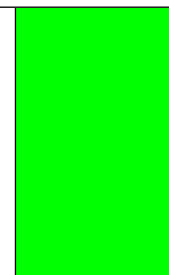
Subsections applicable to this service fully attained.

The building holds a current building warrant of fitness. A maintenance plan is adhered to, and all equipment has been tested, tagged, and calibrated as scheduled. The facility and grounds evidence a high level of maintenance and residents were highly complimentary of the design and space of their bedrooms and communal areas.

There have been no changes to the facility since the last audit.

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

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




Subsections applicable to this service fully attained.

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

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

There has been an outbreak since the previous audit.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service aims for a restraint free service, and this is supported by the governing body and policies and procedures. There were no residents using any form of restraint at time of audit. Elimination of restraint use is included as part of the education and training plan. Staff demonstrated sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative solutions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	0	0	0
Criteria	0	49	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the organisation, which Green Gables utilises as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. At the time of the audit there were residents who identified as Māori. A review of the cultural aspect of a care plan provided evidence of how mana Motuhake is recognised and care provided is based upon the principles of Te Tiriti o Waitangi. There were no Māori staff however review of documentation and staff interviews confirmed that services were delivered in a culturally supportive manner.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. 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.</p>	FA	<p>Green Gables uses a model of care that reflects the values and beliefs which underpin the health service provision to Pacific people. At time of audit there were no residents residing in the facility who identified as Pasifika. There were no staff who identified as Pasifika employed at time of audit. Staff interviews and review of documentation confirmed staff have an awareness of and understanding of Pacific culture, values, beliefs and were knowledgeable about how to access community support for Pacific individuals when required.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>A welcome package is provided that contains details about the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). The Code is displayed in English and te reo Māori within posters and brochures available throughout the facility. All staff interviewed (the general manager, clinical manager, quality business partner, two administrators, one maintenance manager, three healthcare assistants, three registered nurses including the infection prevention coordinator, and the executive chef) understood their responsibilities in relation to the Code. The residents interviewed (two rest home, and one hospital) were aware of their rights and confirmed that staff upheld these.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Green Gables policies guide staff to prevent any form of discrimination, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property, as well as an established process to manage and protect resident finances as confirmed by an administrator. All staff at Green Gables are trained in and are aware of professional boundaries as evidenced in orientation documents and ongoing education records. Staff demonstrated an understanding of professional boundaries when interviewed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights</p>	FA	<p>There are policies around informed choice and consent. Staff and management confirmed their understanding of the organisational process to ensure informed consent for all residents (including Māori, who may wish to involve family/whānau for collective decision making). Resident files reviewed included general consent forms and consents for influenza. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA) where this has been activated. All documentation regarding EPOA and activation is on file. Interviews with residents and family/whānau confirmed their choices regarding decisions and their wellbeing is respected.</p>

<p>and their ability to exercise independence, choice, and control.</p>		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The service had a complaints policy/procedure in place that was available to staff, residents, family/whānau, and visitors. The complaints policy provided information related to complaints information, processes and timeframes required to identify, manage, and respectfully respond to complaints in keeping with right 10 of the Code. There have been two internal complaints received since the previous audit. Review of documentation and interview with the general manager confirmed policy and procedure had been followed and both complaints had been closed. There have not been any external complaints since the last audit.</p> <p>Processes are well entrenched and all staff are cognisant of the importance of following up on and escalating any concerns or negative feedback received. Residents and family/whānau (two rest home and one hospital) interviewed confirmed the facility takes a reactive response to any issues raised and their response was swift. Complaint forms are located at the entrance and in visible places throughout the facility or on request from staff. Residents or relatives making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services.</p> <p>The Code and complaints process is visible, and available in te reo Māori, and English. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The general manager acknowledged their understanding that for Māori, there is preference for face-to-face communication and to include family/whānau.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all</p>	<p>FA</p>	<p>Green Gables is part of Oceania Healthcare Limited. The service holds contracts with Health New Zealand to provide age-related residential care (ARRC) rest home and hospital level, for up to 61 residents. At the time of audit there were 56 residents. There were 24 rest home residents, (including one younger person with disability YPD), and 32 hospital level residents one of whom was funded by accident compensation commission (ACC). The</p>

<p>governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>remaining residents were on the ARRC contract.</p> <p>There are two governing bodies within Oceania Healthcare Limited. One comprises of the Clinical Health and Safety Committee (Board sub-committee), plus the Clinical Governance Steering Group. The clinical and health and safety mandate is to provide a specific focus on strategic and operational clinical health and safety risks. The Clinical Governance Steering Group provides strategic oversight, assurance, and leadership in the delivery of quality and safe clinical care. This group ensures clinical systems support continuous quality improvement and best practice. The Board of Directors consists of experienced professionals led by a chair. A chief executive officer (CEO) is responsible for the overall leadership of the organisation. Confirmation of the Company's compliance with legislative, contractual, and regulatory requirements was provided.</p> <p>Oceania Healthcare Limited has a strategic plan in place that outlines the organisations' structure, purpose, values, scope, direction, performance, and goals. The plan supports the improvement of equitable outcomes for Māori, Pasifika, and tāngata whaikaha. The plan reflects links with Māori aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. A local facility business plan supports goals for Green Gables. The vision and values are posted in visible locations throughout the facility and are reviewed annually.</p> <p>The service has identified external and internal risks and opportunities that include addressing inequities and how these inequities plan to be addressed. Goals are regularly reviewed with evidence of sign off when met. The Clinical Governance Steering Group supports all the care centres. Clinical governance is led by the national clinical manager. There are weekly updates given at handover and these talks focus on current clinical focus areas and the implementation of core values within the service. Monthly reports reflect evidence of communicating quality and risk activities, staff and resident incidents, human resource matters, and escalated complaints.</p> <p>There has been a change in management since the previous audit. The general manager (previously the role was known as the business manager) was appointed in November 2024. The general manager is a registered nurse who comes to the role with a broad background in the aged care sector including management roles.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Green Gables is implementing the organisational quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through collection of clinical indicator data. The general manager leads and implements the quality programme with support from the clinical manager and quality business partner. The programme involves all staff with every staff member expected to be active in implementing a quality approach when at work and participating in the quality programme. The service is implementing the organisations internal audit programme that includes all aspects of clinical care. Relevant corrective actions are developed and implemented to address any short falls.</p> <p>Progress against quality outcomes is evaluated. Reports are completed for each incident or accident with immediate action noted and any follow up action(s) required, as evidenced in four accident/incident forms reviewed (unwitnessed falls, skin tears, bruising). Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Opportunities to minimise future risks are identified by the clinical manager, quality business partner, and the registered nurses. Family/whānau are informed following incidents. The quality business partner collates all the data and completes a monthly and annual analysis of results which is provided to staff. Results are discussed in staff meetings with meeting minutes displayed on staff notice boards.</p> <p>Monthly staff, and clinical/quality meetings provide an avenue for discussions in relation to quality data; health and safety; infection prevention; benchmarking complaints received; staff; and education. Meeting minutes sighted evidenced that meetings are occurring as scheduled. Resident family/whānau meetings are occurring as per schedule with resident's family/whānau interviewed stating they find the meetings helpful to find out what is happening within the home and have an opportunity to give feedback. The last resident and family/whānau satisfaction survey results were completed in July 2025. Results reviewed a high number of responders with high satisfaction results across all key areas. The satisfaction rating awarded to the management of resident's personal laundry however was less than optimal. A corrective action plan was formulated, and a new staff member has been approved to provide additional laundry support. Checks to confirm that residents personal clothing is named and returned to residents accurately are in place.</p>
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		<p>A health and safety system is in place. Hazard identification forms are completed, and an up-to-date register was reviewed. Health and safety is discussed at staff meetings. Staff have completed training related to health and safety. Staff are kept informed on health and safety issues through the handover process and staff meetings. Discussions with management evidenced an awareness of their requirement to notify relevant authorities in relation to essential notifications. Section 31 notifications have been completed for the general managers appointment in November 2024, the recent nationwide electronic medication management system outage, and resident events. The provider implements the Severity Assessment Code (SAC) rating and triage tool to assess the severity of adverse events, determine the required reporting levels, and guide review processes.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery and defines staffing ratios to residents. Rosters implement the staffing rationale. The general manager works full time and provides 24/7 on call support. The clinical manager works Monday to Friday. The registered nurses provide rostered on call support 24/7. The regional operations manager provides rostered cover 24/7 for any operational issues. Senior healthcare assistants are spread over the morning, afternoon, and night shifts. Separate cleaning staff are rostered. The laundry is managed off site. Staff on duty on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents and family/whānau interviewed. Staff interviewed stated that staffing levels can be stretched during periods of staff sickness however they were appreciative of the support from management to ensure gaps were covered appropriately. Residents and family/whānau interviewed reported that they believe that staff numbers are adequate.</p> <p>There is an annual education and training schedule completed for 2025-2026. The education programme exceeds eight hours annually. The education and training schedule lists compulsory training, which includes the Code, informed consent, restraint, challenging behaviour, Pacific values, Māori health (values, beliefs, tapu, noa, and end of life), te Tiriti o Waitangi, wound management, and medication management. There is an attendance register for each training session and an individual staff member record of training electronically. Educational courses offered include in-services,</p>

		<p>online, and competency questionnaires.</p> <p>All registered nurses and healthcare assistants who administer medications have current medication competencies. All healthcare assistants are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications. Of the current healthcare assistants, 11 have achieved a level four NZQA qualification, 10 level three, and two have achieved or are working towards their level two. The registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures and treatments medication, restraint, and emergencies. Additional registered nurse specific competencies include an interRAI assessment competency. At the time of audit, there were twelve registered nurses (including the clinical manager) who have completed interRAI training. All registered nurses have current competency with syringe driver management.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Six staff records reviewed included evidence of completed orientation, training, competencies, and professional qualifications on record where required. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. All qualifications are validated prior to employment. A register of practising certificates is maintained for all health professionals.</p> <p>The service implements a role-specific orientation programme that provides new staff with relevant information to familiarise themselves with their role, the service, and the organisation. The orientation programme includes buddying when first employed. The service demonstrates that the orientation programme supports all care staff to provide culturally safe environment to Māori. Staff interviewed confirmed the orientation was adequate to familiarise themselves with their role the faculty and organisation. Competencies are completed at orientation. Review of staff records, discussion with the general manager, review of staff appraisal schedule plus discussion with staff evidenced that all staff who have been employed for a year or more have a current performance appraisal on record.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five resident records were reviewed: three rest home, (including one YPD) and two hospital level. The registered nurses are responsible for all resident's assessments, care planning, and evaluation of care. All initial assessments and long-term care plans were completed for residents, detailing needs, and preferences. The individualised electronic long term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All LTCP and interRAI sampled had been completed within three weeks of the residents' admission to the facility. The resident identified as being under the YPD contract was not required to have an interRAI assessment however they had a full suite of assessments completed including falls risk, continence, mobility, nutrition, activities, and cultural assessments. Residents receiving short term care have a full suite of assessments completed which inform the short-term care plan (STCP).</p> <p>Documented interventions and early warning signs (EWS) meet the residents' assessed needs and provided sufficient guidance to care staff in the delivery of care. The activity assessments included a cultural assessment which gathered information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. Short term care plans are developed for acute problems, for example infections, wounds, and weight loss.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the registered nurse. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the senior registered nurse and include the degree of achievement towards meeting the desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms. There was evidence of family involvement in care planning and documented ongoing communication of health status updates. Family interviews and resident records evidenced that family/whānau are informed where there is a change in health status.</p> <p>The service has policies and procedures in place to support all residents to access services and information. The initial medical assessment is undertaken by the general practitioner within the required timeframe following admission. Residents have ongoing reviews by the general</p>
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		<p>practitioner within required timeframes and when their health status changes.</p> <p>There is one main medical practice contracted to provide medical services and one other who has lesser numbers of residents under their care. Weekly clinics are maintained with acute reviews where required. Medical documentation and records reviewed were current. Neither of the general practitioners were available for interview. After hours care is provided by the contracted medical practices and the local public hospital when needed. A physiotherapist is contracted and has a weekly clinic. A podiatrist visits regularly. Other health professionals are available by referral when required.</p> <p>An adequate supply of wound care products was available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken when this was required. Where wounds require additional specialist input a wound nurse specialist is consulted. At the time of audit there was one stage one pressure injury and a small number of minor wounds, skin tears, and bruising. The stage one pressure injury had improved from its previous stage three status. A wound specialist from Health New Zealand had been involved when this was required. The progress notes are recorded and maintained in the integrated records.</p> <p>Monthly observations such as weight and blood pressure were completed and were up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of monitoring charts are available for the care staff to utilise. These include monthly blood pressure and weight monitoring, and bowel records. Staff interviews confirmed they are familiar with the needs of the residents in their care and that they have access to the supplies and products they require to meet those needs. Staff receive a comprehensive written and verbal handover (witnessed) at the beginning of each shift.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. At the time of the audit, the provider had reverted to hard copy medication charts as the electronic system was experiencing a nationwide outage. All staff who administer medications have been assessed for competency on an annual basis. Education around safe</p>

<p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>medication administration has been provided as part of the competency process. Staff were observed to be safely administering medications. The registered nurse and medication competent healthcare assistants interviewed could describe their role regarding medication administration.</p> <p>The service currently uses plastic packs for medication. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored in locked cupboards and in the medication trolley in the medication room. The medication fridge temperatures are monitored daily, and all stored medications are checked weekly. Eyedrops are dated on opening. Discussion with the clinical manager and observation evidenced that medication room temperatures are monitored and policy and procedure guides staff to address any anomalies.</p> <p>Ten medication charts were reviewed. Policy and procedures are implemented to identify, record, and communicate residents' allergies or sensitivities and respond appropriately to adverse events. Each chart sampled had photo identification and allergy status identified. Indications were used were noted for as required medications, and the effectiveness of as required medication was consistently documented in the progress notes and captured within the handover documentation. There were two residents self-administering medications. The policy and procedure had been followed to ensure continued safe management of this. No vaccines are kept on site. There are no standing orders in use. When medication related incidents occurred, these were investigated and followed up.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary information and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. Residents and family/whānau interviewed confirmed the kitchen team accommodates residents' requests. There is a verified food control plan current to March 2027. The residents and family/whānau interviewed were complimentary regarding the standard of the meals served. Nutritious snacks are available 24/7.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There are documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs, and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident, family/whānau and other service providers to ensure continuity of care. Residents are referred to other health professionals when required.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Green Gables and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's culture and supports cultural practices. The current building warrant of fitness (BWF) expires December 2026. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours per day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges. The facility and grounds evidenced maintenance to a high level.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally</p>	FA	<p>There is infection prevention, and antimicrobial policies and procedures that includes the pandemic plan. The programme is linked to the quality improvement programme and is approved by the governing body. A registered nurse leads the infection prevention programme and has input into infection prevention policy development, and review. Policies were developed with input from infection prevention specialists, and these comply</p>

<p>safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>with relevant legislation and accepted best practice. The infection prevention programme is reviewed annually. The pandemic plan is available for all staff.</p> <p>The infection prevention coordinator (registered nurse) leads the infection prevention programme for the service with reporting lines to the clinical manager, and the Oceania regional clinical manager. A dedicated pathway guides the infection prevention coordinator to internal and external expertise where required. The infection prevention coordinator has the appropriate skills, knowledge and qualifications for the role. They confirmed they have ready access to shared clinical records and diagnostic results for residents.</p> <p>The clinical manager, quality business partner and infection prevention coordinator are responsible for staff education which includes standard precautions; isolation procedures; hand washing competencies; and donning and doffing of personal protective equipment (PPE).</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The antimicrobial policy aims to provide a quality review of the incidents of infections, reduce the rate of infections within the facility, and reinforce basic principles of infection prevention. Infection surveillance is the responsibility of the infection prevention coordinator. All infections are entered into the electronic resident system, with a monthly collation and analysis of infections completed by the infection prevention coordinator. Any trends are identified, and corrective actions implemented. The service incorporates ethnicity data into surveillance methods and data captured around infections. Outcomes are discussed at handovers when residents have infections and staff meetings.</p> <p>Staff have received education related to outbreak management. Internal infection prevention audits are completed with corrective actions for areas of improvement. The service receives regular notifications from Health New Zealand. The last outbreak (COVID-19) was in February 2026 which affected staff and residents. This event was quickly contained, appropriately managed and resident and staff numbers affected was minimal.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to</p>	<p>FA</p>	<p>Maintaining a restraint free environment is the aim of the service. Policies and procedures meet the requirements of the standards. The clinical manager is responsible for the restraint elimination strategy and for</p>

<p>improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>monitoring restraint use in the organisation. The Clinical Governance Steering Group is responsible for restraint elimination. The designated restraint coordinator is the clinical manager. policy confirms that restraint consideration and application must be done in partnership with residents and family/whānau and the choice of device must be the least restrictive possible. There were no residents using restraint at time of audit. Restraint is included as part of the orientation for staff and completed annually through the education plan.</p>
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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, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display

End of the report.