

# Ambridge Rose Beach House Limited - Ambridge Rose Beach House

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## 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:

<b>Legal entity:</b>	Ambridge Rose Beach House Limited
<b>Premises audited:</b>	Ambridge Rose Beach House
<b>Services audited:</b>	Dementia care
<b>Dates of audit:</b>	Start date: 20 April 2026    End date: 21 April 2026
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	20

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
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

Ambridge Rose Group operates Ambridge Rose Beach House as one of three sister facilities within Auckland. The service is certified to provide dementia-level care for up to 20 residents. On the day of the audit, occupancy was full, with 20 residents receiving services.

The service is overseen by a facility manager supported by a clinical manager, an enrolled nurse, care staff, and the governing body.

This surveillance audit was conducted against a subsection of the Ngā Paerewa Health and Disability Services Standard 2021 and the funding agreements with Health New Zealand. The audit processes included observations; a review of organisational documents and records, including staff records and residents' files; interviews with family/whānau; and interviews with staff, management, and the general practitioner.

This surveillance audit did not identify any shortfalls.

## 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.

Ambridge Rose Beach House provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and Treaty obligations. There is a Māori health plan, and residents and staff state that culturally appropriate care is provided. The service works 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. A Pacific health plan is in place.

Residents receive services in a manner that considers their dignity, privacy, and independence. The management and staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The management and staff listen to and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau.

There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed 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 quality and risk management systems are focused on provision of a quality service and a high level of care. The business plan includes a mission statement and outlines current objectives. There are quality and risk management processes that take a risk-based approach. Policies and procedures are current.

The service and management ensure the best outcomes for residents and that the health and safety of residents is a priority. Actual and potential risks are identified and mitigated. The service complies with all statutory and regulatory reporting obligations and meets the requirements of the contract with Te Whatu Ora (Health New Zealand).

Staff coverage is maintained for all shifts. The acuity of residents is taken into consideration when planning and ensuring adequate coverage. Staff employed are provided with orientation, job descriptions, and receive education. All employed and contracted health professionals maintain a current practising certificate.

## 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.
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Residents are assessed before entry to the service to confirm the level of care required. The clinical team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are documented and evaluated.

There is a medicine management system in place. All medications are reviewed by the general practitioner every three months. Staff involved in medication administration are assessed as competent to do so.

The food service provides for the specific dietary likes and dislikes of the residents. A current food control plan is in place.

Residents are referred or transferred to other health services as required.

## **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.

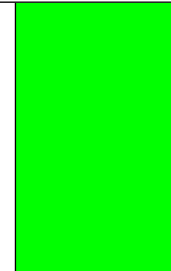


Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well-maintained. There is a current building warrant of fitness. Electrical equipment and calibration are up to date. External areas are accessible, safe, and meet the needs of residents living in this care home.

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

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



Subsections applicable to this service fully attained.

The service ensures the safety of the residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. The facility manager coordinates the programme.

Staff orientation and ongoing education are maintained. There were sufficient infection prevention resources, including personal protective equipment, available and readily accessible to support the outbreak management plan if it is activated.

Surveillance of health care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. Infection outbreaks are managed according to the Manatū Hauora (Ministry of Health) guidelines.

## 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.

A non-restraint policy is applied by the organisation. A comprehensive assessment, approval, and monitoring process is in place, with regular reviews. A suitably qualified restraint coordinator manages the process. The staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring. There are no restraints in use at the service.

## 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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The Māori Health Plan is incorporated within the documented cultural awareness and cultural safety policy. The policy acknowledges Te Tiriti o Waitangi as a founding document of New Zealand. Ambridge Rose Beach House is committed to respecting the self-determination, cultural values, beliefs, and preferences of Māori residents and their whānau, as reflected in resident care plans. Māori mana motuhake is recognised, and residents are supported to make choices about all aspects of their lives where possible. This was evidenced in the care plans reviewed.</p> <p>The organisation has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. The owner/chief executive officer, facility manager (FM) and the chief operating officer (COO) reported that there were no residents or staff who identified as Māori, however the service has resources and supports in place to care for Māori residents.</p> <p>Documentation and interviews with the management that include the FM, COO, clinical manager [CM], a cook, activities coordinator [AC], healthcare assistants [HCAs], owner/chief executive officer, confirmed that the service delivers a service that is focused on the health, well-being, and cultural needs of its residents.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific Health and Wellbeing Plan is the basis of the Ambridge Rose Beach House Health policy and procedure. The aim is to uphold the principles of Pacific people by acknowledge respectful relationships, valuing families and provide high quality healthcare. The service had no residents who identify as Pasifika, however there are currently staff employed that identify as Pasifika. The staff interviewed highlighted the importance of understanding and supporting each other's culture.</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>All staff interviewed at the service understood the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) and were observed supporting residents to follow their wishes. Five family/whānau reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and confirmed they were provided with opportunities to discuss and clarify their rights.</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>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff on an annual basis. Family/whānau reported that residents' property and finances were respected and that professional boundaries were maintained. Interviews with the staff outlined what systems and processes are in place to safeguard the residents' management of financial matters.</p> <p>The FM reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau members stated that residents were free from any</p>

		<p>type of discrimination, harassment, physical, sexual abuse, or neglect and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</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 and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents and their legal representatives are provided with the information required to support informed decision-making in accordance with the Code. The admission agreements are appropriately signed by the enduring power of attorney (EPOA). Enduring power of attorney documentation is filed in the residents' files and is activated for all residents. All residents had a medical certificate for incapacity on file.</p> <p>Legal representatives interviewed, and where appropriate, family/whānau, confirmed they were supported and empowered to participate in decision-making processes.</p> <p>Staff interviewed demonstrated an understanding of informed consent principles and practice, supported by organisational policies aligned with the Code.</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 complaints management policy and procedures were clearly documented to guide staff. The process complies with Right 10 of the Code, which is the right to complain, to be taken seriously, respected and to receive a timely response. The service maintains a physical complaints register.</p> <p>There were no complaints in 2025 and in 2026 (year to date) since the previous audit. The FM reported that the complaint process timeframes are adhered to, and service improvement measures are implemented as required. Discussions with family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had were addressed promptly. The FM reported that any issues are discussed promptly with the family/whānau and residents before they escalate into complaints. Satisfaction and dissatisfaction outcomes of the complainant would be documented, as</p>

		<p>reflective in the policy.</p> <p>Family/whānau and residents making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code is visible and available in te reo Māori and English. The family/whānau spoken with expressed satisfaction with the complaint process. In the event of a complaint from a Māori resident or family/whānau member, the service would seek the assistance of an interpreter or cultural advisor if needed.</p> <p>There have been no external complaints received since the last audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Ambridge Rose Group operates Ambridge Rose Beach House as one of three sister facilities within Auckland. The service is certified to provide dementia-level care for up to 20 residents. On the day of the audit, there were 20 residents receiving services. All residents were under the aged-related residential care contract (ARRC).</p> <p>The service is managed by an experienced facility manager, supported by the clinical manager from one of the other sister facilities, an enrolled nurse, the COO, and the owner/chief executive officer.</p> <p>There is an overarching organisation-wide current strategic business plan in place that outlines specific goals for each site. The plan is aligned to the organisation’s vision, mission, values, and strategic direction. Clear short-term and long-term objectives are documented to guide the management of quality and risk, and progress is reviewed quarterly. Meeting minutes evidenced discussion of objectives and progress against these.</p> <p>The governing body is accountable for the delivery of safe and high-quality services, including supporting the meaningful inclusion of Māori and Pasifika in recognition of Te Tiriti o Waitangi, with a focus on improving equitable outcomes. Equity for Māori and Pasifika is addressed through organisational policies and practices that promote choice and control over supports, and by reducing barriers to accessing information, including the availability of information in alternative languages relating to the Code, complaints processes, and infection prevention and control. Local Māori organisations are consulted in relation to policy development and cultural guidance. Management confirmed access to cultural advisory support</p>

		<p>through an external consultant. Management demonstrated knowledge of relevant legislative and contractual requirements.</p> <p>There is a clinical governance group that meets fortnightly and includes members of the management team. The clinical governance group provides a forum to review, share, and benchmark clinical data, discuss clinical risks and concerns, and identify opportunities for quality improvement where required.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The service implements the organisation's quality and risk management programme, which is directed by the organisational framework. The quality management systems include performance evaluation through monitoring, measurement, analysis, and evaluation; a programme of internal audits; and a process for identifying and addressing corrective actions.</p> <p>Internal audits, meetings (including monthly staff meetings, management meetings, and quality meetings), and data collation were all documented as scheduled, with corrective actions as indicated. Corrective actions are being documented to address service improvements, with evidence of progress and sign-off when achieved. This corrective action document is completed and discussed in staff and management meetings. Meetings provide an avenue for discussions in relation to key performance indicators (including clinical, such as infections, bruising, skin tears, urinary tract infections, challenging behaviour, etc), quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Meeting minutes are also available to staff as required.</p> <p>Resident and family satisfaction surveys completed in May 2025 indicated high levels of satisfaction across all domains, including complaints management, communication, nursing care, food, and environment. The staff satisfaction survey resulted in 80% positive feedback. Areas identified for improvement, including staff recognition, were acknowledged and were being considered by management.</p> <p>The quality and risk management plan, together with associated policies and procedures, identifies internal and external risks and documents corresponding mitigation strategies, aligned with the National Adverse Event Reporting Policy. Management demonstrated understanding of Severity Assessment Codes (SAC), including SAC 1 and SAC 2 reporting</p>

		<p>requirements. No incidents requiring SAC reporting were identified.</p> <p>Discussions with the management team evidenced awareness of essential notification requirements to relevant authorities. Notifications sighted included a Covid-19 outbreak in January 2026 and a medication management outage in February 2026. The FM reported that a Covid-19 outbreak notification was completed in accordance with reporting requirements.</p> <p>A health and safety system is implemented. Hazard identification is completed electronically, and an up-to-date hazard register was sighted. Health and safety policies are overseen through the clinical governance committee. Regular manual handling training sessions are provided for staff. Staff interviewed confirmed they are kept informed of health and safety matters.</p> <p>Individual reports are completed for each incident and accident, with immediate actions taken and any required follow-up actions documented. Incident and accident data is collated monthly and analysed for trends, with outcomes discussed at relevant meetings. Ten resident-related accident and incident forms were reviewed. Each resident's event evidenced clinical assessment and follow-up by a registered nurse.</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>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The service adjusts staffing levels to meet the changing needs of residents. Care staff reported that there has been adequate staff at the service. Family/whānau interviewed supported this.</p> <p>Rosters reviewed for the previous four weeks evidenced that all shifts were covered by experienced health care assistants, with additional support available from the management team. Clinical oversight is provided by the clinical manager and an enrolled nurse from other sister facilities, who are on-site three days per week and available on call as required. A significant number of staff hold current first aid certificates, ensuring a first aid-trained staff member is always available on site.</p> <p>Continuing education is planned on an annual basis, including mandatory</p>

		<p>training requirements. The FM reported that most of the training is completed online or face-to-face, every month. Evidence of regular education provided to staff was sighted in attendance records. Training topics included (but not limited to); infection prevention and control, including outbreak management, medication, de-escalation of behaviours that challenge, aspects of consumer rights and health and safety.</p> <p>Related competencies are assessed as per policy requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the provider's funding and service agreement requirements. Staff records were reviewed to demonstrate completion of the required training and competency assessments. There are 15 care staff employed. Six have achieved NZQA qualification level four, one with level three, none with level two, and eight with level 0. Thirteen HCAs have completed dementia care education as set out in the age-related residential care (ARRC) agreement, and two are currently in training. The management team reported that the model of care ensured that all residents are treated equitably.</p> <p>The clinical manager and an enrolled nurse are accredited and maintain competencies to conduct interRAI assessments. These staff records sampled demonstrated completion of the required training and competency assessments.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development.</p> <p>Qualifications are validated prior to employment. A register of annual practising certificates (APCs) is maintained for registered nurses and associated health contractors.</p> <p>A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. All staff records reviewed evidenced completed induction and orientation. A total of five staff files (facility manager, activities coordinator, cleaner/HCA, and two HCAs) were reviewed. Staff files included reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications;</p>

		<p>orientation; employment agreements; and position descriptions.</p> <p>Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff reported that they have input into the performance appraisal process, and that they can set their own goals.</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>A sample of five resident files indicated that initial assessments and care plans were resident-centred and completed in a timely manner. All residents were under the aged-related residential care contract (ARRC). The service utilises assessment tools that consider residents' lived experiences, cultural needs, values, and beliefs. Nursing care is provided by appropriately trained and skilled staff, including the nursing team and care staff.</p> <p>InterRAI assessments were completed within 21 days of admission, and long-term care plans were reviewed following these reassessments. Cultural assessments were conducted by the nursing team in consultation with residents and their family/whānau. Long-term care plans were developed for each resident, with evaluations completed at least six-monthly. Resident, family/whānau, enduring power of attorney (EPOA), and general practitioner (GP) involvement is actively encouraged in the planning of care. Behaviour care plans include a description of activities to meet the resident's needs in relation to diversional and de-escalation strategies over a 24-hour period.</p> <p>The GP completes the residents' medical admission within the required timeframes and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. The GP reported that communication was conducted in a transparent manner, medical input was sought in a timely manner, medical orders were followed, and care was resident-centred. The residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly.</p> <p>The CM and an enrolled nurse from one of the other sister facilities, who also provide oversight on this service, reported that sufficient and appropriate information is shared at each staff handover. Interviewed staff confirmed they receive daily updates regarding each resident's condition.</p>

		<p>Progress notes are completed every shift and more frequently when there are changes in a resident's condition.</p> <p>Short-term care plans are developed to address temporary problems or significant changes in a resident's condition, with interventions clearly outlined to guide staff. These plans are reviewed weekly, or more frequently if clinically indicated, based on assessed risk. If a condition persists beyond three weeks, the short-term plan is incorporated into the long-term care plan. Any changes in condition are reported to the FM, CM, and an enrolled nurse, as evidenced in sampled records. Interviews also confirmed that residents and their family/whānau are kept informed and included in all updates.</p> <p>When residents' progress differed from expected outcomes, the service, in collaboration with the resident and/or family/whānau, responded by updating the care plan. Where a significant change in a resident's condition occurred prior to the scheduled review, an InterRAI reassessment was completed. A range of equipment and resources were available, appropriate to the levels of care provided and aligned with residents' needs. Interviews with family/whānau confirmed their active involvement in evaluating progress and any subsequent changes to care.</p> <p>At the time of the audit, there was one active wound and no pressure injuries. Wound management plans were implemented, with regular evaluations completed as required. The CM reported that wound nurse specialists attend to pressure injuries and chronic wounds as required.</p> <p>Care plans reflect required health monitoring interventions for individual residents. Health care assistants and the nursing team complete monitoring charts as indicated, including bowel charts, blood pressure, weight, food and fluid intake, pain, behaviour, blood glucose levels, repositioning, and restraint monitoring. All monitoring records reviewed were completed in accordance with scheduled requirements. Neurological observations are undertaken for unwitnessed falls and suspected head injuries in line with policy.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a</p>	<p>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. Administration records were maintained. Medications are supplied to the facility from a contracted</p>

<p>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.</p>		<p>pharmacy. The GP completes three-monthly medication reviews. A total of 10 medication charts were reviewed. Allergies were documented, and indications for use are noted for pro re nata (PRN) medications. Eye drops were dated on opening.</p> <p>Medication competencies were current, completed in the last 12 months, for all staff administering medicines. Medication incidents were completed in the event of a drug error, and corrective actions were acted upon. A sample of these was reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. The medicine fridge and medication room temperatures were monitored regularly, and deviations from normal were reported and attended to promptly. Records were sighted. There was no food in the medication fridge.</p> <p>The HCA was observed administering medications safely and correctly. Medications were stored safely and securely in the trolleys, locked treatment rooms, and cupboards.</p> <p>There were no residents self-administering medications. The CM stated that no residents self-administer medicine due to impaired cognition. There were no standing orders in use.</p>
<p>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.</p>	<p>FA</p>	<p>Residents' nutritional requirements are assessed on admission to the service, 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. Copies of individual dietary preferences were available in the electronic record management system.</p> <p>The food control plan is current to 25 June 2026.</p> <p>Family/whānau interviewed indicated satisfaction with the food service.</p>
<p>Subsection 3.6: Transition, transfer, and discharge  The people: I work together with my service provider so they</p>	<p>FA</p>	<p>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health</p>

<p>know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>providers to ensure the safety of the resident was completed. The management team reported that all transfers and discharges are developed in collaboration with the resident and family/whānau and the accepting service provider.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for purpose. There is a current building warrant of fitness that expires 8 June 2026. Calibration of equipment, and electrical checks were completed, and an inventory is maintained. Hot water temperatures are monitored monthly, with the maintenance team addressing any issues as they arise. There is also a contracted electrician if required.</p> <p>The family/whānau interviewed expressed satisfaction with the environment being suitable for their needs and family member's needs. There were well-maintained garden areas. The environment was clean and tidy throughout the facility.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size,</p>	<p>FA</p>	<p>The service has a clearly defined and documented infection prevention and control (IPC) programme, developed with input from external IPC specialists. The programme has been approved by the clinical governance committee in consultation with the FM and is integrated with the quality improvement programme. The IPC programme is current and reviewed annually. Associated policies have been developed by suitably qualified personnel in compliance with relevant legislation and accepted best practice. Policies reflect the requirements of infection prevention and control standards and include appropriate referencing.</p> <p>Staff receive IPC education during orientation and through ongoing annual</p>

<p>and scope of our services.</p>		<p>online training. Residents and their family/whānau are educated about infection prevention in a manner that meets their needs. Interviews with family/whānau confirmed understanding of these practices.</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 infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity data, is collated, and action plans are implemented. The HAIs being monitored included infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used. Results of surveillance and recommendations to improve performance are discussed at staff and management meetings and reported back to the governing body.</p> <p>Infection prevention audits were completed, including cleaning, laundry, personal protective equipment (PPE), donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they were informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, compared with the previous month, the reason for the increase or decrease, and action advised. Any new infections were discussed at shift handovers for early interventions to be implemented. Benchmarking is completed internally and externally.</p> <p>Since the previous audit, infections reported included a COVID-19 outbreak in January 2025. This was managed in accordance with the outbreak management plan.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive</p>	<p>FA</p>	<p>The policy and procedures for restraint elimination and safe practice specify that the organisation is committed to providing a restraint-free environment. This is supported by the governing body and management staff. At the time of the audit, there were no restraints in use.</p> <p>Training records showed that all clinical staff attended restraint education and completed a restraint competency during orientation/induction.</p>

<p>practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>Training is planned annually.</p>
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## Specific results for criterion where corrective actions are required

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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
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.