Harbour View Rest Home (2005) Limited - Harbour View Rest Home

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:	Harbour View Rest Home (2005) Limited
Premises audited:	Harbour View Rest Home
Services audited:	Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 7 April 2026 End date: 8 April 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: 39

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Harbour View Rest Home holds contracts with Health New Zealand to provide rest home services, including secure dementia care. The service provides care for up to 45 residents. There were 39 residents in care at the time of the audit.

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

The facility has replaced the nurse call bell system and purchased new equipment since the previous audit. Harbour View Rest Home is privately owned by three directors. There has been a change in the facility manager since the previous audit. The facility manager is supported by two registered nurses and an experienced team of caregivers. There are quality systems and processes implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place that aims to provide staff with appropriate knowledge and skills to deliver care.

There were no shortfalls identified at the previous audit.

Improvements are identified at this audit related to infection control.

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.

A Māori health plan is documented for the service. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is also in place.

Residents are informed of their rights and services are provided in a manner that upholds their rights and maintains their dignity and independence. Residents and family/whānau interviewed confirmed management and staff listen and respect them and communicate with them effectively. Care plans accommodate the choices of residents.

The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service.

Hunga mahi me te hanganga | Workforce and structure

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

The business plan includes a mission statement and operational objectives. The service has quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, and meetings were documented as taking place as scheduled.

There is a staffing and rostering policy. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and

support, and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and family/whānau reported staffing levels are adequate to meet the needs of the residents.

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.

Registered nurses are responsible for assessing residents on admission and developing care plans. The contracted general practitioner completes a medical assessment within the required timeframes. Residents and their family/whānau have input into assessment, care planning, and evaluation processes.

An electronic medicine management system is in place for prescribing, dispensing, and administration of medications. The general practitioner is responsible for all medication reviews. Medicines are safely and securely stored.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. The service has an approved food control plan.

Transfers and discharges are managed in a safe manner.

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

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

There is a current building warrant of fitness. The dementia unit is secure. Electrical equipment is checked for safety. Clinical equipment is calibrated and serviced as required. Hot water temperatures are maintained within the required range.

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.		Some subsections applicable to this service partially attained and of low risk.

There is a documented infection control programme and available resources to inform the staff.

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

Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported on. Two outbreaks of infection since the previous audit were effectively managed.

Cleaning and laundry processes are overseen by the infection control coordinator. All linen and personal clothing are laundered on site. There are sufficient staff to complete cleaning and laundry. Staff completed chemical training.

Here taratahi | Restraint and seclusion

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

The directors and facility manager are committed to maintain a restraint-free environment. There are policies and procedures for restraint minimisation and safe practice. Staff are trained in the least restrictive practice. During the audit there were no residents using restraint.

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	1	0	0	0
Criteria	0	53	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	A Māori health plan is documented for the service. This plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. The business plan describes the service`s commitment to supporting Māori residents and their family/whānau by identifying what is important to them, their individual values and beliefs, and enabling self-determination and authority in decision-making that supports their health and wellbeing. Residents identifying as Māori had a care plan documented that reflect their values and cultural needs. There are clear processes to include tikanga in everyday practice and training for staff. Staff have completed training around Te Tiriti o Waitangi.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable	FA	The organisation has a Pacific Peoples Health plan that aligns with the requirements of Ngā Paerewa and Ola Manuia-Pacific Health and Wellbeing Action plan. This policy outlines how the service responds to the cultural needs of residents and how staff are supported to ensure culturally safe practices. Harbour View Rest Home `s education policy on cultural safety includes components of the Fonofale model of Pacific Health.

health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.		
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	Residents and family/whānau are provided with information about the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumer Rights' (the Code). The facility manager and registered nurses discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in English, sign language and te reo Māori. Residents (four rest home) and two family/whānau (dementia unit) confirmed they are aware of their rights and feel their rights are upheld at all times.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Staff interviewed 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. Staff sign an employee declaration related to the code of conduct and house rules statement, and this is included in the staff files reviewed. Police vetting is included as part of the employment process for all staff working at Harbour View Rest Home. Residents and family/whānau, reported their property and finances are respected, and professional boundaries are maintained. The service follows a process of managing residents' finances through invoicing. Residents maintain a comfort account to avoid handling cash. The owner/director reported the code of conduct guides staff to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau stated residents are free from any type of discrimination, harassment, physical or sexual abuse or neglect, and feel safe. Staff completed elder abuse training in October 2025 and reporting requirements of elder abuse in March 2025 with Age Concern and Oamaru community police. Interviews with staff (the owner/director, facility manager, two registered

		nurses, four caregivers, laundry assistant, cleaner, the cook and maintenance person) stated they provide safe services. The adverse comments made by staff in the staff survey of December 2025 related to teamwork have been addressed by the owner/director and the follow up survey completed in March 2026 evidence a slight improvement in comments related to teamwork, noting that staff and family / whānau interviewed reported that resident care is good. Staff interviewed stated they are familiar with escalation processes when raising workplace concerns.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.	FA	There are policies around informed consent documented for Harbour View Rest Home. The five resident files reviewed included general consent included in the residential admission agreement, and consent for influenza vaccinations if applicable, van outings, and use of photographs for media. These were appropriately signed by either the resident or the activated enduring power of attorney (EPOA). Residents interviewed could describe what informed consent was and their rights around choice. Residents in the dementia unit had activation letters for their EPOA on file.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.	FA	The complaints procedure is equitable and is provided to residents and family/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register. There have been 24 complaints made since the previous audit. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the HDC. There was a pattern identified related to staff behaviour (staff on staff complaints). There was evidence that these type of complaints were dealt with through the appropriate employment law processes. All complaints related to care delivery had been closed off to

		the satisfaction of the complainants. The HDC complaint reported in 2021 has been closed off (10 October 2024) and there were no breach of rights identified. As a result of comments made in the report, all staff completed training related to adverse event and hazard reporting as part of their annual education and training schedule as evidenced in the staff training records. A complaint was made in October 2025 through another external agency (Crime Stoppers New Zealand), and staff have completed a range of education as a result of the complaint. This audit has not identified any issues related to the complaint made. All residents and family/whānau interviewed stated they were provided with information on the complaints process, would feel comfortable making a complaint, and that the service would support them throughout the process. The facility manager was aware of the preference for face-to-face communication with people who identify as Māori and the importance of involving family/whānau. Residents and family/whānau interviewed confirm the management are open and transparent in their communications.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.	FA	Harbour View Rest Home holds contracts with Health New Zealand to provide rest home services, including secure dementia care. The service provides care for up to 45 residents. There are 27 beds in the rest home and 18 in the secure dementia unit, with one room that can be used for either rest home or dementia care (was vacant at the time of the audit). It is located at the entrance to the dementia unit and can be opened to either the rest home wing or the dementia unit. On the days of audit, there were a total of 39 residents in the facility, with one resident on a Notification for One Hospital-Level resident in a Rest Home service area (NOHRRA). There were 25 rest home residents (including two residents on respite care), and 14 residents in the secure dementia unit. All other residents were funded through the age-related residential care (ARRC) contract. Harbour View Rest Home is privately owned between three directors. Harbour View Rest Home has a 2025-26 business contingency plan that includes a mission, philosophy, and objectives of the service. The

		business plan is regularly reviewed against set goals. The director and facility manager interviewed are knowledgeable around the contractual and legislative requirements related to managing an aged care facility. The directors have over 20 years' experience in managing the aged care facility. The owners have an understanding in Te Tiriti o Waitangi and health equity and support meaningful inclusion of Māori and ensure the organisation's values and goals reflect the needs of Māori. Interviews with facility manager confirmed that they focus on improving outcomes for Māori and people with disabilities, ensuring barriers are addressed to ensure equity in all aspects of the service works. The facility manager has been appointed to the role a month ago; is a registered nurse with experience in aged care and also assume the role as clinical manager. They are supported by an owner/ director (nonclinical) that based themselves at the facility four times a week. The other two directors managing the payroll and financial aspects of the service. Clinical governance is overseen by the facility manager with support from the two registered nurses. The facility manager provides a monthly report to the directors who meets monthly. There are regular meetings related to day-to-day operational activities and reporting on the quality and risk management programme, including meetings; training; health and safety; infection prevention and control; staffing; internal audits; complaints (if any); cultural safety; and survey results. Auditors observed the facility manager actively interacting with residents and family/whānau, demonstrating her thorough understanding of the daily operations of the service. The facility manager stated they received a good handover of the operational activities when they commenced employment. They have maintained at least eight hours annually of professional development activities related to managing an aged care facility, through attending regular aged residential care forums and online training in their previous role. The facility manager holds a post graduate qualification in Public Health.

Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.	FA	Harbour View Rest Home has a range of documents that contribute to quality, risk management, and reflect the principles of quality improvement processes. The quality and risk management systems include performance monitoring through internal audits, surveys and through the collection of clinical indicator data. Three-monthly quality, bimonthly staff meetings, and six weekly clinical meetings provide an avenue for discussions in relation to (but not limited to); quality data, internal audits, benchmarking, health and safety, infection control/pandemic strategies, complaints received, staffing, and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions related to clinical data and audits followed up on and signed off when completed. Quality goals and progress towards attainment are discussed at meetings. Quality data and trends are added to meeting minutes and displayed for staff on the noticeboards. Benchmarking occurs in 'real time' as part of the electronic resident system. Opportunities for improvement are identified. Quality goals documented for 2026 is to further reduce the prevalence of urinary tract infections (UTIs). The continuous improvement related to the activities programme identified at the previous audit has been documented as being maintained. Residents and staff contribute to quality improvement through feedback on quality data, complaints, and internal audit activities. The outcomes from the recent resident and family/whānau satisfaction survey conducted in February 2026 demonstrated satisfaction with service delivery. The responses related to the post admission surveys evidence satisfaction with service delivery during the period after admission to the facility. The facility made several improvements related to audits from other external agencies including an infection prevention and control audit (IPC) from Health New Zealand in August 2025; an Immigration audit on visa conditions in April 2025 and the Office of the Ombudsman (OPCAT) audit related to the dementia unit in April 2025. All recommendations from the agencies were documented as quality improvements and implemented. Recommendations related to the IPC audit were ongoing and this audit identified further actions to be taken (link 5.5.3).

		A health and safety system is in place with an annual review of the programme completed and health and safety is discussed as part of the quality meetings and staff meetings. An up-to-date hazard and risk register was sighted. The noticeboard in the staffroom keeps staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented. There were no serious work-related staff injuries reported since last audit. Staff have access to workplace counselling and support services. Electronic incident and accident reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in ten accident/incident forms reviewed. Incident and accident data is collated monthly and analysed (including falls, medication errors, skin tears, bruising, behaviour related incidents). Corrective actions are developed, implemented, and signed off when completed for any clinical indicators out of the expected benchmarking ranges. Staff completed training in reporting of adverse events in August 2025 and falls prevention and management in June 2026. Discussions with the director and facility manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 related to police involvement has been completed. The change in facility manager was appropriately notified. There were no Severity Assessment Code (SAC) reports to Health Quality and Safety Commission (HQSC) required to be completed. There have been two outbreaks appropriately documented and reported to Public Health since the last audit.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is	FA	There is a staffing policy and procedure that describes rostering and staffing rationale. This includes documented processes for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day, seven days a week (24/7). Harbour View Rest Home adjusts staffing levels to meet the changing needs of the residents. a review of the current rosters showed shifts were covered by experienced caregivers. There are two full time registered nurses (excluding the facility manager) who work Monday to

managed to deliver effective person-centred and whānau-centred services.		Fridays. In the absence of the facility manager there is one registered nurse who will assume responsibilities for facility operations with support from the owner/director. One registered nurse is responsible for providing oversight for the dementia unit. Medication competent caregivers act as team leaders during the week and weekends and oversee medication administration. There is a first aider on each shift. Staff reported that short term absences are always covered. The registered nurses and facility manager provide after hour clinical support. There are dedicated activities, maintenance, and housekeeping (laundry and cleaning) staff supporting service delivery. There is an annual education and training schedule completed for 2025 and being implemented for 2026. The education and training schedule lists compulsory training (learning essentials and clinical topics. A review of the training records shows compliance with completion of the required training to be consistently above 90%. All completed training is recorded on attendance sheets and staff training records on an electronic register. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Harbour View Rest Home supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 17 caregivers employed in total, with 14 having achieved a relevant NZQA qualification level 3 and above. There are 11 staff working regularly in the dementia unit with eight having completed the Limited Credit programme (LCP) for dementia care. The other three are currently enrolled to complete their dementia standards within the required timeframe. All staff are required to complete competency assessments as part of their orientation. Annual competencies include (but are not limited to) restraint; hand hygiene; moving and handling; and correct use of personal protective equipment. Caregivers who have completed NZQA level 4 and have undertaken extra training, complete many of the same competencies as the registered nurse staff (such as medication administration, controlled drug administration, and insulin administration, simple wound management, and completion of

		neurological observations). Review of the records confirms that staff have current competencies in place. Additional registered nurse specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. Three of the three registered nurses are interRAI trained. Registered nurses are provided with opportunities to attend training through Health New Zealand and hospice. A record of competency is maintained on the electronic register.
Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	FA	Five staff files were reviewed. All regulated staff and contracted providers had proof of current registration with their regulatory bodies. A register of practising certificates is maintained for all health professionals including (but not limited to) registered nurses, dietitian, general practitioners, pharmacists, physiotherapist, and podiatrist. The register includes the scope of practice for health professionals. Staff who have been employed for over one year have all had an annual appraisal completed. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. Completed orientation records are recorded in employee files.
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	FA	Five resident files were reviewed, including one on a NOHRRA, two rest home level of care (including one on respite care) and two at dementia level care. Before admission, the facility manager undertakes a pre-admission assessment to ensure staff are aware of residents' needs and the equipment they require is in place. Registered nurses are responsible for conducting all assessments, and for the development and review of care plans. Residents and family/whānau confirmed they are involved in assessment, care planning, and review processes, and resident files show evidence of resident and family/whānau involvement.

		Cultural assessments are completed for all residents by activities staff who have been trained to do so. The registered nurses in collaboration with residents and family/whānau completes a cultural assessment for Māori. For residents who identify as Māori, a Māori care plan is developed that includes their specific cultural needs and preferences. Specific requirements for Māori are interwoven throughout the long-term care plan. All residents have admission assessment information collected and an initial care plan completed at the time of admission. All reviewed files have up to date interRAI assessments completed. All files reviewed confirmed the initial interRAI assessments and initial and long-term care plans were completed in a timely manner and within the required timeframes. All long-term care plans reviewed included interventions to manage all risks, early warning signs, and guide care delivery. InterRAI assessments and care plan evaluations are completed at least six-monthly or when residents' needs changed. Evaluations document the progress towards the individual`s goals and if they are met or unmet. Short-term care plans for infections, weight loss, behaviours of concern, changes in medications, and wounds were well utilised, with interventions transferred to the long-term care plans in a timely manner. The service actively reviews the InterRAI outcome scores for each resident and compares with the previous interRAI in the clinical review meeting. The registered nurses use this tool to discuss if there are any other interventions that might be helpful If interRAI scores have changed. Residents in the secure dementia unit had comprehensive behaviour assessments and behaviour support plans in place. These included identification of individual triggers, risks, and required support, along with documented strategies for de-escalation, redirection, and safe management of behaviours. Care plans reflected the level of supervision required, routine preferences, and safety strategies, including management of wandering and risk behaviours. Residents have a choice of general practitioners they can use. The general practitioner(s) ensures residents are assessed within five working days of admission. The general practitioner reviews each resident at least three-monthly, with visits from the practice weekly. The facility manager and registered nurses,' share on call for clinical advice

		and decision making as required. When interviewed, one general practitioner expressed satisfaction with the standard of care and the registered nurses' competence at Harbour View Rest Home. They confirmed they are available after hours for the group of residents they look after. Specialist referrals are initiated as needed. Allied health interventions are documented and integrated into care plans. The service has a referral process to a physiotherapist. A continence advisor, hospice specialists, mental health team for older people, and wound nurse specialist are available as required. A podiatrist visits six-weekly. Caregivers and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written at least weekly by registered nurses and daily by caregivers. There are evidence in the progress notes of timely escalation of issues to the registered nurses. The electronic progress notes detail any new events (infections and incidents as examples) and follow up for any interventions (wound dressings as an example). The registered nurses further add to the progress notes following general practitioner(s) visits or changes in health status. Residents interviewed reported their needs and expectations are being met, and family/whānau confirmed the same regarding their loved ones. When a resident's condition alters, the registered nurses initiate a review with the general practitioner. Family/whānau stated they are notified of all changes to health, including infections, accident/incidents, general practitioner visits, medication changes, and any changes to health status, and this was consistently documented in the resident's progress notes. A wound register is maintained. There was a total of six wounds, including skin tears and chronic lesions. There were no pressure injuries. Wound documentation was reviewed and there were comprehensive wound assessments, wound management plans, and documented evaluations, including photographs to show healing progression. Staff confirmed they can access a wound nurse specialist for input to

		the management of wounds if needed. The caregivers and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources. Care plans reflect the required health monitoring interventions for individual residents. Caregivers and registered nurses complete monitoring charts, including bowel chart, blood pressure, weight, food and fluid intake, pain, behaviour, blood glucose levels, and repositioning. All monitoring reviewed was implemented as scheduled. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing and documenting administration. The policy and procedures describe the requirements for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied by a contracted pharmacy in robotic packs. Staff could describe their responsibilities for receiving medications from the pharmacy, including checking against prescriptions. The effectiveness of pro re nata (prn) medications is consistently documented in the progress notes. There is one medication room. Medicines were seen to be stored in locked trolleys, the locked medication room, and a controlled medication safe. The medication refrigerator and medication room temperatures are monitored daily and are within an acceptable range. Liquid medications and eye drops are labelled with the date of opening. Unused and expired medications are returned to the pharmacy. A medication round was observed and seen to be safe. Medications are administered by registered nurses and caregivers. All staff administering medications are required to pass competency test annually. Medication errors are reported in the electronic resident file system and appropriate investigation and follow up is done. Ten medication charts were reviewed. Allergies and adverse reactions

		are clearly recorded. Specific instructions for individual residents are included in the prescription. Staff were seen to be explaining medications to residents, so they understood what they were taking. Residents and family/whānau confirmed they are consulted about medication changes. There were no residents self-administering their medications. There are policies in place that guide staff in the assessment procedure for those residents that wish to self-administer their medications. There are no standing orders.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	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 kitchen folder. There are snacks available at all times. The food control plan is current to 26 August 2026.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.	FA	Transition to a different level of care, transfer to another facility or discharge is a planned process that includes communication with the resident and their family/whānau. Before transfer, the registered nurse does a verbal handover to communicate care needs and potential risks to the ongoing facility. Details of how a resident is transported to external appointments is recorded in the long-term care plan. If possible, family/whānau are asked to attend appointments with residents.

Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	FA	The building has a current warrant of fitness that expires on 1 May 2026. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. The dementia unit is secure. Residents were observed moving freely in their respective wings with mobility aids. There are comfortable looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and in the grounds. Residents are encouraged to personalise their bedrooms with personal, cultural, and spiritual belongings, as viewed on the day of audit. Since the previous audit, the facility has replaced numerous equipment and installed a new call bell system. Refurbishment of rooms takes place when they become vacant. Three toilet base surfaces need remedial work (link 5.5.3). The planned maintenance schedule includes testing and tagging of electrical equipment and this has been completed within the last 12 months. Calibration, and testing of clinical equipment has been completed within the last 12 months. Hot water temperatures have been tested and recorded in resident rooms. Hot water temperatures were within safe recommended ranges of below 45 degrees Celsius in residents' rooms.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The infection control manual includes a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training, and education of staff. Policies and procedures are developed and reviewed by an external consultant in consultation with the facility manager and infection control coordinator. The infection prevention and control programme are reviewed annually and links to the quality programme. Data on infections is collated monthly, analysed, and reported to the facility manager. Infections and significant events are reported monthly to the owner/director. The infection control policy states the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training

		plan. There are policies related to single use items, handwashing, personal protective equipment, and associated competencies. Resident education occurs as part of the daily cares. Residents and families/whānau are kept informed and updated during outbreaks.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	FA	Infection surveillance is an integral part of the infection control programme and is described in the infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at quality, clinical and staff meetings. Meeting minutes and graphs are displayed for staff. A prevalence of urosepsis was identified in 2025 related to urinary tract infections. Action plans were required and implemented and include staff completed training related to infection control practices and include hand hygiene, catheter management, residents` personal hygiene and grooming, safe food handling, environmental cleaning, early detection of urinary tract infection, prevention of further deterioration. Care plan internal audits evidence early warning signs of UTIs and appropriate catheter management. The service receives regular notifications and alerts from Health New Zealand. A respiratory outbreak occurred in July 2025, and a gastro enteritis outbreak occurred in November 2025. Outbreak logs were completed. These were managed appropriately, with Health New Zealand and Public Health being appropriately notified. There was evidence of regular communication with the directors and Public Health. Daily outbreak management meetings and toolbox meetings (sighted) capture `lessons learned` to prevent, prepare for and respond to future infectious disease outbreaks. Staff confirmed resources, including PPE, are plentiful. Resources are checked regularly for expiry date; the task is overseen by the infection control coordinator.

Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	PA Low	Health New Zealand IPC team conducted an IPC audit in August 2025 and a follow up visit in March 2026. The subsection was audited at this audit to capture improvements made and improvements still required. There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Chemicals are dispensed from enclosed systems. Safety data sheets and product sheets are available to indicate indications for use. Staff completed chemical training within the last 12 months. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. A chemical provider monitors the effectiveness of chemicals. Environmental audits include monitoring of equipment, with recent replacements of linoleum flooring and shower chairs. There are surfaces around the base of three toilets that require remedial work for ease of cleaning to prevent infection spread (link 5.5.3). Staff interviewed are knowledgeable around the processes related to colour coded mops and laundry bags. All resident's personal laundry is managed onsite by dedicated laundry staff. The laundry is operational daily till 2.30 pm. The laundry area was seen to have a defined clean-dirty workflow, safe chemical storage, and the linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. There is a sluice area within the laundry area in the dementia unit. During a facility tour and periods of observation it was noted a high use of commode bowls within rooms. These commode bowls are transported to the laundry area; there is no sanitizer. Staff were seen to have appropriate PPE when cleaning the commode bowls. Staff interviews were inconsistent in how the commode bowls are safely transported and disinfected. There is no policy in place to reflect the commode cleaning and transportation process taken into consideration the design of the building and in the absence of a sanitizer. The infection control coordinator has oversight of the facility testing and monitoring programme for the built environment. The housekeeper

		responsible for laundry services explained dirty and clean flow within the laundry.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	The policy and procedures for restraint minimisation and safe practice specify the organisation is committed to providing a restraint-free environment. This is supported by the directors, management, and staff. At the time of the audit there were no residents using restraint. Restraint related training which includes policies and procedures related to restraint, cultural training and de-escalation strategies is completed as part of the mandatory training plan and orientation.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 5.5.3 Service providers shall ensure that the environment is clean and there are safe and effective cleaning processes appropriate to the size and scope of the health and disability service that shall include: (a) Methods, frequency, and materials used for cleaning processes; (b) Cleaning processes that are monitored for effectiveness and audit, and feedback on performance is provided to the cleaning team; (c) Access to designated areas for the safe and hygienic	PA Low	Following the Health New Zealand IPC audit in August 2025, the service has implemented a range of improvements related to the cleaning and laundry environment. Shower stools and commode chairs have been replaced. Several areas of vinyl flooring has been either replaced or remediated. During a facility tour and periods of observation it was noted a high use of commode bowls within rooms. These commode bowls are transported to the laundry area which is situated in the secure dementia unit; there is no sanitizer. Staff were seen to have appropriate PPE when transporting and cleaning the commode bowls. Staff interviews were inconsistent in how the commode bowls are safely transported and disinfected. There are cleaning policies in place however the policy does not reflect the commode cleaning and transportation process taken into	(i). There were no clearly documented processes for the transportation, and disinfection of commode bowls within the facility. (ii). There were three toilets which required remedial work around the base with a potential for the spread of infection currently.	(i). Ensure there is a documented process for the safe transportation and disinfection of commode bowls and ensure that this is implemented consistently in practice. (ii). Ensure that staff are able to clean the base of toilets effectively. 90 days

storage of cleaning equipment and chemicals. This shall be reflected in a written policy.		consideration because of the design of the building and in the absence of a sanitizer. Room E ensuite and two communal toilets in the blue wing have flooring/vinyl around the basis of the toilet surface that needs remedial work done to prevent spread of infection and for ease of cleaning.		

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.