

The Ultimate Care Group Limited - Alden Lansdowne Court

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	The Ultimate Care Group Limited
Premises audited:	Alden Lansdowne Court
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 9 April 2026 End date: 10 April 2026
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	29

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

General overview of the audit

Alden Lansdowne Court is part of the Alden Group and provides hospital services - medical and geriatric, and rest home level of care for up to 34 residents. On the day of the audit, there were 29 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Health New Zealand. The audit process included a review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau, staff, nurse practitioner, and management.

The nurse manager is experienced and is supported by the Board of Directors, a regional manager, clinical nurse lead, and a team of clinical and non-clinical staff. Interviews with residents, family/whānau and the nurse practitioner were all positive and complimented the management and staff for providing a resident-centred service for the community.

This certification audit identified a shortfall pertaining to maintenance.

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 are fully attained.

Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. Alden Lansdowne Court has connections with local Māori kaikōrero (orator) and has a Māori health plan documented. A Pacific health plan is in place to ensure culturally appropriate services for Pacific residents. Residents and their family/whānau are informed of their rights according to the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Staff receive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, enhancing their understanding of accessibility barriers.

The informed consent process is well understood and implemented by staff. The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service. Complaint processes are equitable, with complaints promptly resolved in collaboration with family/whānau.

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 are fully attained.

Alden Lansdowne Court has a documented quality and risk management system. Services are planned, coordinated, and are appropriate to the needs of the residents. There is an annual business plan that includes the vision, mission statement, philosophy, and measurable goals. A robust health and safety programme is implemented, and hazards are reviewed monthly.

There are human resources policies including recruitment, selection, orientation, and staff training and development. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. There is a policy to guide staffing requirements including skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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 are fully attained.
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The nurse manager and clinical nurse lead efficiently manage the entry process to the service. There was an electronic system for monitoring entry to services. Residents were assessed before entry to the service to confirm eligibility.

The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrate individualised care. Files reviewed demonstrated care meets the needs of residents and that these have been evaluated on a regular and timely basis.

Residents were supported to maintain and develop their interests and participate in meaningful activities both in the service and in the community. Activities plans were completed in consultation with residents and their family/whānau. The planned activity programme provides residents with a variety of individual and group activities. There are adequate resources to undertake activities at the service.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The electronic

medicine charts reviewed meets prescribing requirements and are reviewed at least three-monthly by the general practitioner or nurse practitioner.

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

Residents are reviewed regularly and referred to specialist services and 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.		Some subsections applicable to this service are partially attained and of low risk.
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There is a B-RAD building warrant of fitness declaration certificate in place. There is a planned annual maintenance programme in place. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There are communal toilets situated close to lounge areas with appropriate signage. Resident rooms are personalised.

Documented systems are in place for essential, emergency, and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents. The facility is secured at night by afternoon and night staff, who complete daily security checks.

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 are fully attained.

Infection prevention management systems are in place to minimise the risk of infection to residents, service providers, and visitors. The infection prevention programme is implemented and meets the needs of Alden Lansdowne Court and provides information and resources to inform the service providers. Documentation evidenced that relevant infection prevention education is provided to all staff as part of their orientation and ongoing in-service education programme. Infection prevention practices support tikanga guidelines. Antimicrobial usage is monitored and reported on.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. The service has a robust pandemic and outbreak management plan in place. The internal audit system monitors for a safe environment. There has been an outbreak reported since the previous audit.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

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 are fully attained.
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The service has been restraint free since 2018. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of audit. A suitably qualified restraint coordinator, who is a registered nurse, leads the process. Staff receive education in the management of challenging behaviour, de-escalation strategies, and alternative interventions to 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	26	0	1	0	0	0
Criteria	0	168	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
<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>A Māori health plan is implemented. This document acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim is to co-design health services using a collaborative and partnership model with Māori and Pacific, although the policy focuses on Māori. At the time of the audit, there were residents that identified as Māori. The Māori health plan includes commitment to the concepts of Te Whare Tapa Whā Māori model of health, and the provision of services is based on the principles of mana motuhake. There is Māori representation on the Board, and they are the organisations lead advisor for tāngata whaikaha, Māori, whānau and Te Tiriti matters.</p> <p>A Board representative supports the organisation to ensure meaningful implementation of the Māori Health plan occurs at all levels. There are links in place with local Māori kaikōrero (orator) who provides guidance and support for Māori peoples and also performs entertainment (songs) in Te Reo Māori at the facility on a regular basis. Alden Lansdowne Court is committed to providing a service that is responsive and inviting for Māori. The service currently has staff who identify as Māori and they actively seek to employ more Māori staff members. Staff have completed training on cultural safety, Ngā Paerewa, equity for Māori and Te Tiriti o Waitangi during orientation and as an ongoing</p>

		<p>basis.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs, evidenced in interviews with nine residents (four rest home and five hospital); and three family/whānau members (all hospital). Three managers including the nurse manager, head of operations and national quality assurance manager; and ten staff interviewed including the clinical nurse lead, two registered nurses, four caregivers, one kitchen manager, one acting activities coordinator and one maintenance person/gardener, described how the delivery of care is based on each resident's values and beliefs.</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>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The plan has been created with Pasifika input. The plan addresses equity of access, reflecting the needs of Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of Pasifika. There are no residents identifying as Pasifika at the time of the audit.</p> <p>Staff have completed training on cultural safety and equity for Pasifika. The service actively encourages and supports any staff that identifies as Pasifika during recruitment, interview, and employment processes. There are staff that identified as Pasifika at the time of the audit. The nurse manager outlined how they maintain links with local Pasifika community churches through a local Pacific cultural advisor (minister). Individual cultural beliefs are documented in the resident's care plan and activities plan. Family members of Pasifika residents are encouraged to be present during the admission process, including completion of the initial care plan.</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>	FA	<p>Organisational policies and procedures are implemented and align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code).</p>

<p>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.</p>		<p>Information related to the Code is made available to residents and their families/whānau. The Code is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in the information pack. Other formats are available online. Monthly resident meetings provide a forum for residents to discuss any concerns. Staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities.</p> <p>Staff have received education in relation to the Code at orientation and through the annual training programme, which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process. Residents and family/whānau interviewed stated they felt their rights are upheld and they are treated with dignity, respect, and kindness. Staff confirmed their awareness of how Māori mana motuhake is recognised as described in the Māori Health Plan. Interactions observed between staff and residents were respectful.</p>
<p>Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>There are cultural safety policies in place and resources readily available on the electronic resident management system. Resources include policies on consumer rights, diversity and inclusiveness, intimacy and sexuality, and a non-harassment policy. Policies that align with the requirements of the HDC are implemented. Caregivers and registered nurses interviewed described how they work well together and arrange their shift to ensure they are flexible to meet each person's needs. Staff are trained around the Code at orientation and through regular in-services.</p> <p>The service recognises Māori mana motuhake as evidenced in the policy and Māori Health Plan. Alden Lansdowne Court delivers training that is responsive to the diverse needs of people accessing services. Training provided in 2025 and 2026 year to date included but was not limited to: sexuality/intimacy; abuse and neglect; privacy/confidentiality; advocacy; tikanga Māori; cultural safety; and Te Tiriti o Waitangi. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The use of te reo Māori is encouraged throughout the service. Staff and management described responding to tāngata whaikaha needs and enabling participation in te ao Māori as</p>

		<p>documented in the Māori Health Plan.</p> <p>Resident files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. A spirituality policy is in place. There are a range of church services held on a rostered basis each week.</p> <p>Caregivers interviewed described how they support residents to be as independent as they can be. Residents interviewed stated they are supported and encouraged to make a range of choices around their daily life. Residents can choose which activities they participate in, and it was observed that residents are treated with dignity and respect. Satisfaction surveys reviewed and interviews with family/whānau confirm that residents and family/whānau are treated with respect.</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>	<p>FA</p>	<p>The abuse and neglect policy is implemented. Alden Lansdowne Court policies guide staff to prevent any form of discrimination, coercion, harassment, or any other exploitation. The service is inclusive of all ethnicities and cultural days are held to celebrate diversity. Staff have been provided with education on how to identify abuse and neglect. All residents and family/whānau interviewed confirmed that staff are careful in the way they handle their personal belongings. The service implements the protection of property and finances policy to manage residents' comfort funds, such as sundry expenses. The nurse manager reported that the code of conduct, guides staff to ensure the environment is safe and free from any form of institutional and/or systemic racism. Staff interviews confirm they would be comfortable addressing racism with management, if they felt that this was an issue.</p> <p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. Ongoing training is provided on the code of conduct. Professional boundaries are defined in job descriptions. Interviews with the management team and staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are also covered as part of orientation. A strengths-based and holistic model is prioritised in the</p>

		Māori health plan to facilitate wellbeing outcomes for Māori residents.
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>A comprehensive information pack is provided to residents and family/whānau on admission which includes information on the Code, advocacy services, complaints, and information around service provision. Residents interviewed stated they are comfortable discussing any issues with staff. Residents and family/whānau complete annual surveys. The last survey was completed in 2025 and evidenced overall satisfaction with communication. Family/whānau interviewed confirmed they are promptly informed of any changes and nurse practitioner consultations. Monthly resident meetings provide a forum for residents to raise issues of concern. There are policies and procedures documented relating to accident/incidents, complaints, and open disclosure that inform staff of their responsibility to notify family/whānau/next of kin of any accident/incident that occurs. Progress notes in the electronic resident files identified family/whānau are kept informed.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit there were no residents who did not speak English. Staff could describe how they would utilise family/whānau, interpreter services, and electronic applications if needed.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as Hospice and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team. The management team and registered nurses described an implemented process around providing residents with time for discussion around care, to consider decisions and opportunity for further discussion, if required.</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>There are policies around informed consent. Resident files reviewed included informed consent forms signed by either the resident or their enduring power of attorney (EPOA). Consent forms for influenza vaccinations were also on file where appropriate. Residents and family/whānau could describe what informed consent was and their rights around choice. There is an advanced directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives were consistently completed. The service follows relevant best practice tikanga guidelines welcoming the involvement of family/whānau in decision making where the person receiving the services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all files sampled. Copies of EPOA's or welfare guardianship were in resident files where applicable. Where the EPOAs are activated, there is a medical letter of incapacity on file.</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 procedure is provided to residents and family/whānau on entry to the service and is posted on the wall near reception along with complaints forms and a locked box to give anonymous feedback. The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori. The nurse manager maintains a complaint/compliment register and documents all verbal and written complaints. There has been one complaint received (January 2025) since the last audit. The complaint reviewed, included evidence of investigation, follow up and reply to the complainant within the timeframes set out by the HDC. The nurse manager advised that complaints are discussed at Board level with review of staff meeting minutes and interview with staff confirming complaints and learnings/corrective actions are shared with staff.</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Residents and family/whānau making a complaint can involve</p>

		<p>an independent support person in the process if they choose. This is documented as an option in the outcome letter that is sent to the complainant and includes an online link and phone number to advocacy services. The resident meeting minutes sighted evidenced residents are given the opportunity to provide feedback. The residents and family/whānau all reported any issues residents and family/whānau have are discussed with the nurse manager directly and dealt with promptly. The nurse manager and clinical team lead implement an 'open door' policy which was confirmed during interviews with staff, residents and family/whānau and witnessed on days of 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>Alden Lansdowne Court is part of The Ultimate Care Group Limited, which is part of the wider Windhaven Group. The Ultimate Care Group completed a rebranding in April 2025 to refresh their values and their "here for you" philosophy. Alden Lansdowne Court provides rest home and hospital (including medical) level care. There is a total of 34 beds in the facility. All beds are dual purpose for rest home or hospital level of care. Occupancy at the time of the audit was 29 residents. This included 15 residents requiring rest home level including, two residents funded through Accident Compensation Corporation (ACC). There were 14 residents requiring hospital level of care including, one resident on respite care. All other remaining residents were under the age-related residential care (ARRC) agreement. There are no double/shared rooms. There were five couples, who were all in single rooms.</p> <p>Governance of the organisation is delegated through the chief executive officer (CEO) of Windhaven. The CEO reports to the shareholders (and their advisors) on their obligations under the relevant legislation and contractual requirements on a quarterly basis. The governance body collaborates with management to ensure compliance with relevant standards by encouraging continuous improvement, measurement to required standards and monitoring performance and risk. The regional manager and national quality assurance manager (who provided support for this audit) were knowledgeable around contractual and legislative requirements. The Board meets monthly, and the CEO meets with the nurse manager and team on a regular basis. There is a three-year strategic plan which is</p>

	<p>split into yearly increments for the annual business plan. The strategic plan is reviewed annually and progress towards meeting annual goals are reviewed regularly and discussed at Board meetings.</p> <p>Clinical governance is led by the clinical lead for the organisation and includes the national clinical educator, national clinical data analyst, and clinical quality lead. The CEO, chief financial officer (CFO), and health and safety representatives support them. The Board is committed to supporting the strategies laid down by Ministry of Health's 'New Zealand Health Strategy.' Objectives listed in the business plan includes a commitment to providing and assisting in the provision of good quality care to all people and to improving the health status of ethnic groups including Māori and Pacific people who do not currently enjoy the same outcomes as other New Zealanders, a belief in equity of access for all members of the community as a fundamental right in our society, and a belief in the benefits of early health interventions, proper integration of service, health education and the empowerment of people to achieve better health care. The organisation aims for each facility to reflect the local community and have community participation.</p> <p>A long-term Board member ensures meaningful Māori representation regarding tāngata whaikaha, Māori, whānau, and Te Tiriti partnership matters. Confirmation was provided of the Board members completion of Te Tiriti and cultural safety training. Māori representative within the Board provides ongoing advice and guidance. The organisation has achieved continuous improvement in implementing the Māori health plan, improving equity for Māori, and removing barriers to access for Māori. The annual business plan includes the vision, mission statement, philosophy, and measurable goals. Reporting includes occupancy, finances, health, and safety; staffing; infection; complaints; quality trend and analysis; and restraint minimisation. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori and tāngata whaikaha. Formal connections are in place with local Māori supported and strengthened by Māori staff offer expert support in te reo Māori and tikanga Māori.</p> <p>The nurse manager has been in the role since 2020 and has worked at Lansdowne Court for eight years. The nurse manager is supported by an experienced clinical team lead, (registered nurse), who has been in</p>
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		<p>the role for nine months and six years at Lansdowne Court. They are supported by an experienced team of clinical and non-clinical staff, a regional manager, head of operations (present at the time of the audit), national quality assurance manager, an executive team, and head office support staff. The nurse manager has completed over eight hours of training in managing an aged care facility.</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>Alden Lansdowne Court has an established quality and risk management system. The quality monitoring programme is designed to monitor contractual and standards compliance and the service delivery in the facility. Internal audits have been completed according to schedule and any corrective actions identified have been followed up and signed off as completed. The electronic quality management system benchmarks the quality data collated. Quality data is reported to the executive team and Board within the monthly 'reflection report.' This includes reporting on ethnicity for pressure injuries, diabetes and infections as Māori and Pasifika to monitor for equity of services. Monthly staff, quality, registered nurse/clinical meetings ensure quality and risk outcomes are reviewed.</p> <p>Meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints; staffing; education; and internal audits. Facility meetings have been held according to schedule including residents and family/whānau meetings. Policies and procedures align with current good practice, and they are suitable to support rest home and hospital levels of care. New policies are discussed with staff. Staff have completed cultural training including Te Tiriti o Waitangi to ensure all residents are cared for in a culturally sensitive way. It was confirmed the executive team, and Board have completed cultural training. Annual resident and relative satisfaction surveys are conducted. The 2025 results have been collated. These have been analysed and results shared at meetings with residents, family/whānau and staff. Results are also visible on noticeboards throughout the facility.</p> <p>Corrective actions have been implemented and completed following head office staff visits to meet residents, environmental cleanliness (external); and staffing. Health and safety policies and procedures are</p>

		<p>in place. A health and safety representative (maintenance person/gardener) was interviewed about the health and safety programme. Identifications of any hazards are documented, and an up-to-date hazard register was in place, last reviewed in November 2025. Any health and safety newsletters from support office are displayed and discussed in the monthly quality meetings. The service documents incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Incidents and accidents forms are completed for all adverse events. Results are collated, analysed, and included in quality data and the Reflection report. Incident data was evidenced as discussed at the appropriate facility meetings.</p> <p>Discussions with the nurse manager and head of operations evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one Section 31 notification completed for one resident choking since the last audit. A section 31 notification was also completed at a national level for the Medi-map outage, which affected the facility. Health Quality and Safety Commission (HQSC) notifications were completed for six resident falls resulting in a fracture, five in 2025 and one in 2026 year to date. One outbreak was notified to Public Health in a timely manner.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. Acuity and clinical staffing ratios are described in the policy. Staffing is flexible to meet the changing needs of the residents. The roster reviewed provides sufficient coverage for the delivery of care. The nurse manager and clinical team lead work full time from Monday to Friday. The nurse manager is on call 24/7 for any clinical and operational issues and is supported by the clinical team lead when required. There is a registered nurse rostered on all three shifts. The registered nurses are supported by an experienced team of caregivers. Any vacant shifts are covered by part time staff picking up additional hours and the use of a small casual pool.</p> <p>In the absence of the nurse manager, the regional manager and clinical team lead will provide a plan for cover. The nurse manager confirmed that staff turnover has been low. Interviews with staff,</p>

		<p>residents and family/whānau confirmed that overall staffing is adequate to meet the needs of the residents. Review of the last two weeks roster and discussion with staff confirmed that planned and unplanned absences are covered. Good teamwork amongst staff was highlighted during the caregiver interviews. Staff and residents are informed when there are changes to staffing levels.</p> <p>An education programme was completed as per schedule for 2025 and is being implemented for 2026. Education included but was not limited to: manual handling; infection prevention; Covid-19 management; health and safety; resident incident management; skin and wound management; nutrition and hydration; diabetes management; chronic health conditions and the aging process; falls prevention; continence; dementia, delirium and depression; restraint; abuse and neglect; pain management; first aid; and fire drills. Aspects of training are discussed at handovers when reminders or updates are shared when required. The education and training schedule lists all mandatory topics. Staff have been provided with cultural safety training, including Māori equity and Te Tiriti o Waitangi. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities and health equity.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Of the twenty-two caregivers, twelve have completed NZQA level two or above. A competent care provision policy is implemented. Competencies are completed by staff, which are linked to the annual in-service schedule. Additional (annual) competencies completed include medication; restraint; hand hygiene; use of personal protective equipment (PPE); fire and emergency training; cultural safety and manual handling. Six of the nine registered nurses (including the nurse manager and clinical nurse lead) are interRAI trained. Registered nurses also complete competencies in syringe drivers and PEG feeding as required. Support systems promote health and wellbeing with staff interviewed advising the work environment was positive.</p>
Subsection 2.4: Health care and support workers	FA	Human resources policies are in place and include recruitment, selection, orientation, and staff training and development. Staff files are

<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>held securely in the nurse manager’s office. Seven staff files including, one clinical team lead, one registered nurse, four caregivers and one maintenance person/gardener reviewed evidenced implementation of the recruitment process, employment contracts, and police checking. There are job descriptions in place for all positions that includes personal specifications, duties and responsibilities, area of work and expected outcomes to be achieved in each position. All files evidenced completed orientation documentation and annual appraisals for staff that required them. A copy of practising certificates is maintained for all health professionals.</p> <p>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. Staff interviewed stated they felt their orientation was adequate and could be extended if required. The service demonstrates the orientation programme supports all staff to provide a culturally safe environment for Māori. Competencies are completed at orientation.</p> <p>An employee ethnicity database is maintained. Management and staff reported they can be involved in a debrief discussion to receive support following incidents to ensure wellbeing support is provided. This was evidenced as having occurred post the influenza A outbreak. Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities. The Employee Assistance Programme is available to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>The service utilises an electronic format for resident information, documentation, and data. Electronic information including policies and procedures, incident and accidents are backed up and password protected. The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident’s individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of</p>

		the public. The service is not responsible for National Health Index registration.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Information about the services, accommodation options and costs are outlined in an information pack. Prior to entry, prospective residents and their family/whānau are invited to view the facility. Policies and procedures guide staff in entry criteria and required admission documentation. Policy and process had been followed in all resident files reviewed. Residents and family/whānau interviewed confirmed they were given accurate information about the service, and they felt welcome. Prospective residents are required to be assessed by the needs assessment and coordination service (NASC) as needing rest home or hospital level care. Residents and family/whānau confirmed staff are respectful and communicate well with them during the admission process. Entry would only be declined if a prospective resident does not meet the entry criteria or if there was no bed available. In this case, they are informed and referred to the NASC team. Where entry to the service is delayed, the managers ensure the person receives timely updates.</p> <p>Alden Lansdowne Court collects ethnicity data on facility entry and decline rates. This included specific data for entry and decline rates for Māori. Meaningful partnerships with local Māori are well established and enable engagement to occur prior to Māori individuals' admission. The facility can access support from Māori health practitioners, traditional healers, and other organisations by contacting local Māori health service providers.</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>	FA	<p>Registered nurses are responsible for all residents' assessments, care planning, and evaluation of care. Six resident files were reviewed: three rest home level care and three hospital level residents including one resident who was receiving respite care. An initial assessment is undertaken by a registered nurse on admission, and an initial care plan is developed on the same day. The initial assessment is documented in the electronic system and includes the use of validated assessment tools. Within three weeks of admission, an interRAI assessment is</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>completed and a long-term care plan is developed with input from residents, family/whānau, caregivers, registered nurses, and activities staff.</p> <p>The respite resident had a full suite of assessments that informed a short-term care plan. The long-term care plans are developed by a registered nurse and are holistic, covering physical needs, assistance required with activities of daily living, psychosocial and cultural needs, aspirations, and interventions to address medical conditions.</p> <p>The clinical nurse lead explained residents who identified as Māori have a Māori health care plan developed in conjunction with the acting activities coordinator which describes the support required to meet their needs. Cultural plans reviewed were comprehensively completed and documents the resident's iwi and community linkages in place. The clinical nurse lead described how the service ensures there are no barriers, so all residents have access to information and services required to promote independence. Staff work alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes. Staff interviewed demonstrated their knowledge of tikanga and cultural safety.</p> <p>Resident files are fully integrated with all members of the team contributing to progress notes, including physiotherapist, registered nurses, caregivers, general practitioner, nurse practitioner, podiatrist, and activities staff. The general practitioner or nurse practitioner assesses residents within five days of admission. Residents are then reviewed by the general practitioner or nurse practitioner on a three-monthly routine basis or more frequently if their condition changes. A nurse practitioner was interviewed and was complimentary regarding the standard of clinical leadership and care delivered.</p> <p>A physiotherapist is contracted and additionally runs a weekly strength exercise class. Contact details for family/whānau are recorded on the electronic system. Review of documentation evidenced that family/whānau and EPOA are always informed where there is a change in health status. Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of residents in the facility and that they have access to the supplies and products they require to meet those needs.</p>
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		<p>Progress notes are entered daily. Staff receive handover at the beginning of their shift. This was witnessed and found to be comprehensive in nature. Monthly observations such as weight and blood pressure were completed and are up to date. Monitoring of care is completed as required and stated in the care plans and include weight, blood pressure, bowels and food and fluid management. Neurological observations are recorded following all un-witnessed falls as per policy requirements. There was one stage two pressure injury on the day of audit. Review of documentation and discussion with the clinical nurse lead evidenced that this had been effectively and appropriately managed.</p> <p>The provider has taken a proactive response to residents experiencing frequent falls and have commenced a quality initiative to address this. The clinical team reviewed incident/accident data and clinical reviews, and this identified that despite all the falls prevention strategies in place residents were still falling and, in some cases, sustaining injury. The team decided to incorporate a physiotherapy supported movement and exercise programme specifically targeting residents identified as frequent fallers or those who have the potential to become a higher falls risk. The goal of the programme was to improve residents' strength, balance, mobility, and confidence with movement to reduce falls and enhance resident wellbeing. This programme was commenced in October 2025. Despite it being in operation for a short period resident falls have started to decline.</p> <p>Review of resident care occurs six-monthly. This includes input from the nurse manager, clinical nurse lead, acting activity assistant, caregivers, residents and family/whānau. The care plan is reviewed to ensure the goals are being met and if there are new goals identified the care plan is updated. Where short-term needs are identified, such as wounds or infections, a short-term care plan is developed and implemented.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to</p>	<p>FA</p>	<p>At time of audit the activity programme was being coordinated by a caregiver with oversight of the diversional therapist who is on unplanned leave. The activity programme runs Monday to Friday. Church services are held on Sundays led by representatives of churches in the community on a rostered system.</p>

<p>maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>The calendar is planned monthly, and the acting activities coordinator has access to input by the diversional therapist on a weekly basis. The calendar includes chair exercises, art and craft, baking, quizzes, word puzzles, and themed events such as the Kings birthday, mothers/Father's Day, Matariki, and Waitangi Day. The activity calendar is available on whiteboards, within the newsletter and information boards throughout the facility. Staff remind residents on the day of the activity programme for the day.</p> <p>Each resident has an activities assessment completed. The assessment is completed with the resident and family/whānau and used to develop an individualised plan for all residents. The cultural, social, spiritual, and activities section of the long-term care plan is completed within three weeks of admission and reviewed at least six-monthly at the same time as the long-term care plan is reviewed. The acting activities coordinator has resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. The programme is evaluated monthly. Residents are asked for their input in ascertaining what they enjoyed and wish to continue doing and what could be removed.</p> <p>The Māori residents' cultural profiles are comprehensive and evidence whānau involvement. The activity programme provides opportunities to participate in te reo Māori, incorporating Māori language in regular activities, entertainment and singing, participation in Māori language week, and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as hand massage, hand pampering, book reading, and reminiscence. Most of the group activities are delivered in the main lounge which was a very social hub during period of the audit. Residents are encouraged to join in activities that are appropriate and meaningful. There are regular van drives for residents, outings, and regular sessions with entertainers visiting the residents.</p> <p>A newsletter is produced monthly. This captures past events with information about upcoming events and is shared with family/whānau as well as resident's. There are regular family/ whānau and resident</p>
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		<p>meetings. Meeting minutes sighted evidenced high attendance. Family/whānau are invited to attend. Family/whānau interviewed confirmed they find the meetings helpful for finding out what is happening in the facility and have an opportunity to provide feedback if necessary. Residents can provide feedback on activities during one-to-one sessions, at the meetings and programme reviews and three/six-monthly reviews. Residents and family/whānau interviewed stated they enjoyed the opportunity to get together with other residents through the activity programme.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>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>FA</p>	<p>Medication management is safe and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. The registered nurse and caregivers interviewed could describe their role regarding medication administration.</p> <p>The provider uses plastic rolls for regular medication and uses blister packs for as required and short course medication. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Medications are stored securely in the medication room. Medication trolleys are locked when not in use.</p> <p>The medication fridges and medication room temperatures are monitored daily. All temperature records reviewed showed that the temperatures are within acceptable ranges. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. Over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the nurse practitioner or general practitioner and charted on the medication chart. The six-monthly controlled drug physical check and reconciliation have been completed as per required timeframes.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed confirmed the general practitioner or nurse practitioner reviews all resident medication charts three-monthly, and each chart has a photo identification and allergy status identified. There were two</p>

		<p>residents self-administrating on the days of audit. Review of documentation and discussion with the clinical nurse lead confirmed that policy and process were being followed in both instances to ensure this was managed safely. As required medications are administered as prescribed, with effectiveness documented on the electronic medication system and in progress notes. Medication competent caregivers or registered nurses sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use.</p> <p>Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The clinical nurse lead described the process to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are all prepared and cooked on site. A six weekly menu is in place which is reviewed two yearly by a dietitian. Residents nationally are asked to contribute when the menu is up for review. The kitchen manager (interviewed) works Monday to Friday. They are supported by a part time cook/kitchen hand and two other kitchen hands. A review of staff training records evidenced that all kitchen staff have completed a broad range of education/training sessions relating to food handling including tikanga Māori tapu and noa.</p> <p>The kitchen was observed to be clean, well-organised and well equipped. A current approved food control plan was evidenced, expiring July 2027. Dry ingredients remain in their original packaging but are dated on opening. The kitchen manager outlined they do not decant to other containers to prevent any mixing of old and new contents, they keep the original label which outlines all ingredients and if there is a product recall they can return the packaging in its entirety. Where required the packaging was enclosed in a container to maintain freshness.</p> <p>The kitchen manager receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with</p>

		<p>weight loss. The kitchen manager is aware of resident likes, dislikes, and special dietary requirements and resident profiles had been reviewed within the six-monthly resident review process or as and when required. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents have access to nutritious snacks at any time of the day or night. On the day of audit, meals were observed to be well presented.</p> <p>The kitchen staff interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. The kitchen manager is familiar with dietary preferences for Māori residents. The kitchen manager advised the part time cook identifies as Māori and described how they support the kitchen team to ensure that the residents cultural needs are met.</p> <p>The service uses a hard copy system to record monitoring of temperatures. Daily records include fridge and freezer temperatures recordings in kitchen and storage areas. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained as evidenced on completed hard copy records.</p> <p>Meals are served directly to residents in the dining room or taken to residents in other areas of the facility. Residents were observed enjoying the social aspect of their meals. Staff were observed respectfully assisting residents with meals in the dining areas. Modified utensils are available for residents to maintain independence with eating as required. The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback directly to kitchen staff who mingle with the residents daily post the lunch meal, at resident meetings or via the resident survey process.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p>	<p>FA</p>	<p>Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a higher level of care. Discharge and transfer are planned processes that are communicated with residents and their family/whānau.</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>Residents/family/whānau are advised of options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested.</p> <p>When residents are transferred to the public hospital, their family/whānau is informed. Relevant documentation is sent with the resident, including a printout of their current medications, care needs and next of kin details. Where residents wish to be or need to be seen by another health service, referral is made. Examples of this were sighted in resident files, including referrals to Health New Zealand. Residents attending external appointments are encouraged to be accompanied by their family/whānau. Any risks are communicated to the external health provider by the registered nurse and documented in the file.</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>PA Low</p>	<p>There is a B-RAD building warrant of fitness (BWoF) declaration certificate in place which expires 26 June 2026. The BWoF was unable to be supplied and displayed because one or more scheduled inspection and/or maintenance procedures of the compliance schedule was not carried out. There is a planned annual maintenance programme in place. There is a maintenance person/gardener who works five days a week and is on call 24/7 for any maintenance related issues. The planned maintenance schedule includes annual electrical testing and tagging equipment checks (last checked in December 2025), calibrations of weigh scales and clinical equipment performance monitoring and testing (last checked in April 2026). There is a maintenance request system which is electronic for any repairs and maintenance requests. The maintenance person checks this when they are on duty and signed off when repairs have been completed. Monthly hot water tests are completed for resident areas and are below 45 degrees Celsius. Corrective actions are completed for any temperatures above the required threshold. There are essential contractors who can be contacted through head office if needed.</p> <p>A tour of the facility was conducted. The facility is on a single level. All 34 beds are dual purpose for rest home or hospital level of care. Access to the facility is via the main entrance and all visitors and contractors are required to sign in. The facility environment is inclusive of peoples' cultures and supports cultural practices. Residents have</p>

		<p>their own room, and each is of sufficient size to allow residents to mobilise safely around their personal space, and bed area with mobility aids and assistance. Resident rooms are heated in the winter and cooled in the summer. Observations and interviews with staff evidenced that space for hoists, wheelchairs, and walking frames is adequate. Lounge and dining areas provide spaces for residents and their visitors. The lounge areas also allow individual and group activities to occur. All resident's rooms and communal areas accessed by residents are ventilated with at least one external window providing natural light.</p> <p>The environment in resident areas was noted to be maintained at a satisfactory temperature. This was confirmed by staff, residents, and family/whānau. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were seen freely mobilising within the communal areas at the time of the audit. There are accessible external areas for residents and their visitors that are shaded and provide seating. The facility has recently redesigned the outside area, increased the gardens, and cleaned up the seating with bright paint. All shower and toilet facilities have call bells, sufficient room to accommodate shower chairs, approved handrails, and other equipment to facilitate ease of mobility and promote safety and independence. Privacy locks are on the communal and visitor toilets. All ensuite and communal toilets have paper towels and flowing soap available. Fixtures, fittings, and flooring are appropriate. Toilet and shower facilities are easy to clean.</p> <p>Any major refurbishments or building projects are managed through the head office, who are aware of the requirement to have Māori input to the design.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned</p>	<p>FA</p>	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency response and civil defence plan guides staff to complete a safe and timely evacuation of the facility in case of an emergency. Emergency response information is readily available throughout the</p>

<p>and safe way, including during an emergency or unexpected event.</p>		<p>facility including at the main entrance.</p> <p>A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand, dated 8 September 1994. A fire evacuation drill is repeated six-monthly with the last drill completed on 5 March 2026. Civil defence supplies are stored in an identified area and are checked six-monthly. The facility has a petrol generator to provide power to essential services in the event of a power cut. There is a barbeque (BBQ) to cook on in the case of a power outage.</p> <p>There is an adequate food supply available for each resident for minimum of three days. Emergency water supplies, including a 5,000-litre water tank and bottled water stored in the kitchen and civil defence cupboard, provide twenty litres per person, per day for seven days. Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always on site.</p> <p>There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells are tested monthly as per maintenance schedule. Staff were observed to be responsive to call bells on the days of the audit. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night by afternoon and night staff, who complete daily security checks. There is security lighting at the front entrance.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and antimicrobial stewardship (AMS) is an integral part of the quality programme, which is linked to the strategic plan, to ensure the environment minimises the risk of infection to residents, staff, and visitors. Expertise in infection prevention and antimicrobial stewardship can be accessed through Health New Zealand and Public Health and Infection Prevention Services (IPS).</p> <p>Infection prevention and antimicrobial stewardship resources are accessible. Any significant events are managed using a collaborative approach involving the infection prevention team, the nurse practitioner, and the public health team. There is a communication pathway for reporting infection prevention and antimicrobial</p>

		<p>stewardship issues to the infection prevention lead for the organisation, national clinical lead, and Board. The infection prevention programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service.</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. 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.</p>	<p>FA</p>	<p>The nurse manager holds the portfolio of infection prevention and coordinates the implementation of the infection prevention programme and antimicrobial stewardship (AMS). The Infection prevention coordinators responsibilities and reporting requirements are defined in the infection prevention coordinator job description. They have access to shared clinical records and diagnostic results of residents. The infection prevention coordinator has completed online external education in infection prevention for clinical staff.</p> <p>The infection prevention programme has been approved by the executive management team and Board. The infection prevention programme is discussed at staff meetings. Infection prevention data is included in the monthly quality reports (Reflection), which are discussed at Board level. The infection prevention manual includes a comprehensive range of policies, standards, and guidelines. This includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by the organisational infection prevention team regularly to ensure compliance with standards and regulations. Policies are available to staff. The pandemic response plan is clearly documented to reflect the current expected guidance from Health New Zealand. The nurse manager takes responsibility for the infection prevention programme for the facility. They have access to shared clinical records and diagnostic results for the residents. Review of documentation and interview with the nurse manager confirmed the infection prevention programme is reviewed and reported on annually.</p> <p>The infection prevention coordinators have access to support from the Alden clinical advisor, infection prevention specialist at Health New Zealand, the nurse practitioner and public health team. The infection prevention coordinator, interviewed, described the pandemic plan, and confirmed the implementation of the plan proved to be successful at</p>

	<p>the times of outbreaks. The infection prevention resources were readily accessible to support the pandemic plan if required. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection prevention policies and practices.</p> <p>The infection prevention audits monitor the effectiveness of education and infection prevention practices. The infection prevention coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection prevention resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection prevention information available in te reo Māori. The infection prevention coordinator and staff confirmed their awareness of the need to work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed understood cultural considerations related to infection prevention practices. Policies and procedures are in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. There are procedures to check these are monitored through the internal audit system. Infection prevention is part of facility meetings. The nurse manager described a clear process of involvement, should there be plans for development and ongoing refurbishments of the facility in the future.</p> <p>The infection prevention coordinator is responsible for the ongoing education of staff and residents, as described in infection policies. Infection prevention is part of staff orientation and included within the mandatory staff training schedule. Staff have completed hand hygiene, standard precautions, and personal protective equipment training. Resident education occurs as part of the daily cares. Family/whānau are kept informed of extra precautions required or outbreaks and updated through emails and phone calls. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has an antimicrobial stewardship policy and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff and quality meetings and the nurse practitioner. Significant events are reported immediately as per policy and procedure. Laboratory diagnostic testing reports are reviewed, and residents are prescribed appropriate antibiotics according to the sensitivity results. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</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>Infection surveillance is an integral part of the infection prevention programme. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into electronic infection logs. The monthly infection summary (report extracted from the electronic quality system) includes all infections, including organisms and ethnicity. This data is monitored and analysed for trends and patterns by the infection prevention coordinator and is included in the monthly reflection report. Infection prevention surveillance is discussed at facility meetings, as confirmed by staff interviewed and review of staff meeting minutes.</p> <p>The infection prevention coordinator described developing corrective action plans where required for any infection rates of concern. Short-term care plans are utilised for residents with infections. Internal infection prevention audits are completed, with corrective actions for areas of improvement. Clear culturally safe communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare-acquired infection. The service receives information from Health New Zealand services for any community concerns.</p> <p>There has been one outbreak of influenza since the previous audit (September 2025). This affected both staff and residents. The outbreak was well documented with a debrief meeting held which identified what</p>

		<p>went well and areas of improvement for future outbreak management. The outbreak was appropriately managed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>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.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept in a locked box on the cleaning trolleys, and the trolleys are stored in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are sluice rooms with a sanitiser, stainless steel bench, and separate handwashing facilities available. Eye protection and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Linen and personal clothes are laundered on-site by dedicated laundry staff seven days a week. There are defined areas for clean and dirty laundry, and a dirty-to-clean flow is evident in the well-ventilated laundry area. All non-resident linen is also laundered on-site at separate times to resident clothes and linen. There are sufficient commercial washing machines and dryers. The washing machines and dryers are checked and serviced regularly. Material safety data sheets are available, and all chemicals are within closed systems. Linen was seen to be transported on covered trolleys. Resident clothes are delivered to residents’ rooms in named baskets. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted was in good condition.</p> <p>There are dedicated cleaners on seven days a week. Cleaning trolleys are always attended to and locked away in the cleaners’ cupboard when not in use. Cleaning schedules have been maintained for daily and periodic cleaning. All chemicals on the cleaning trolley were labelled. Appropriate personal protective clothing was readily available. There were cleaning and laundry audits completed by the infection prevention coordinator that evidence compliance.</p>

		<p>The infection prevention coordinator confirmed awareness to provide support to maintain a safe environment during and construction, renovation, and maintenance activities.</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 practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The organisation and service are committed to providing services to residents without the use of restraint. The policy describes that any use of restraint is minimised and only used if the safety of the resident is compromised and all alternatives have been explored. At time of audit there was no residents using any form of restraint. The service has been restraint free since 2018. Policy and procedure are comprehensive and guide staff to maintain a resident centred approach to maintaining resident care in the least restrictive manner as possible.</p> <p>Review of documentation and interview with the restraint coordinator evidenced that restraint meetings are held throughout the year. These meetings provide opportunity to remind staff of the facility's ongoing commitment to maintaining their restraint free stance, the education programme and review of policy and procedure. Restraint was understood by the staff interviewed who also described their commitment to maintaining a restraint free environment.</p> <p>The nurse manager (the clinical team leader) is the restraint coordinator and is supported by a national restraint coordinator. There is a job description in place that outlines the role. A restraint committee is in place and comprises of the restraint coordinator, caregivers, and registered nurses. Staff have been educated in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the ongoing education programme. Restraint protocols are covered in the orientation programme for new staff.</p>

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)
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	<p>There is a B-RAD building warrant of fitness (BWoF) declaration certificate in place which expires 26 June 2026. The BWoF was unable to be supplied and displayed because one or more scheduled inspection and/or maintenance procedures of the compliance schedule was not carried out.</p> <p>There was no building warrant of fitness in place as required in Section 108 of the Building Act 2004.</p>	There was no building warrant of fitness in place as required in Section 108 of the Building Act 2004.	<p>Ensure a building warrant of fitness is obtained.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.