# Oceania Care Company Limited - Lady Allum Rest Home and Village

## 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 The DAA Group Limited, 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:

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| **Legal entity:** | Oceania Care Company Limited |
| **Premises audited:** | Lady Allum Rest Home and Village |
| **Services audited:** | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care |
| **Dates of audit:** | Start date: 24 April 2026 End date: 24 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:** 110

# 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 |
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| | 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 |
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| | 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

Lady Allum Rest Home and Village (Lady Allum Care Suites) provides rest home, hospital and dementia levels of care for up to 113 residents. Lady Allum Care Suites is part of Oceania Healthcare Limited. Since the previous audit, the management structure has changed from two clinical managers to one clinical manager and one assistant clinical manager.

This surveillance audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau/family members, members of the governance group, general managers, staff, and a nurse practitioner.

The corrective actions required from the previous audit have been addressed, with improvements made to the Māori and Pacific peoples health policy, cultural competencies, established relationships with Pacific peoples communities, and 24-hour care plan development for residents in the dementia unit. As a result of this audit, improvements are required in relation to admission documentation, initial interRAI assessment timeframes and nurse practitioner documentation of initial medical assessments.

## Ō tātou motika | Our rights

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| 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. |

Lady Allum Care Suites works collaboratively to support and encourage a Māori worldview of health in service delivery. There were no Māori residents at the time of the audit; however, the service demonstrated readiness to provide equitable and effective services aligned with Te Tiriti o Waitangi and the principles of mana motuhake should Māori residents be admitted. Staff were knowledgeable and had undertaken relevant training to support culturally safe practice and delivery of care.

There were no Pacific residents during the audit. The service demonstrated preparedness to provide care and support that recognises Pacific worldviews and ensures culturally safe service delivery for Pacific residents if admitted to the service. Staff interviewed demonstrated awareness of cultural safety principles and were knowledgeable in supporting diverse cultural needs.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights, and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training, which is reflected in day-to-day service delivery. Residents were observed to be safe from abuse and neglect. Staff interactions observed during the audit demonstrated respect, empathy, and culturally safe communication. Residents and whānau interviewed confirmed that their values, beliefs and cultural identity are acknowledged in care delivery. Equity is promoted through practices that enable fair access to services for all residents.

Residents and whānau receive information in an easy to understand format and reported they felt listened to and included in decisions regarding care and treatment. Open communication is practised. Interpreter services are available as required. Residents confirmed that information is shared in a timely and respectful manner and that they are supported to make informed choices. Whānau and legal representatives are involved in decision-making in accordance with legal requirements. Advance directives are followed wherever possible. Whānau interviewed confirmed they felt welcomed and involved as active partners in care.

Complaints are resolved promptly, equitably and effectively in collaboration with all parties involved.

## Hunga mahi me te hanganga | Workforce and structure

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| 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 governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

A clinical governance structure meets the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach includes the collection and analysis of quality improvement data, identifies trends, and leads to improvements. Actual and potential risks are identified and mitigated.

The National Adverse Events Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff have the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe, equitable service delivery.

Professional qualifications are validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

## Ngā huarahi ki te oranga | Pathways to wellbeing

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| 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. | | Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk. |

When people enter Lady Allum Care Suites, a person-centred and whānau-centred approach is adopted. Relevant information is provided to prospective residents and their whānau. Residents are welcomed in a manner that acknowledges their identity, culture, values and preferences. Information is shared in a clear and respectful way to support understanding and decision-making during the admission process.

The service works in partnership with residents and their whānau to assess, plan and evaluate care. Care plans are individualised, based on available information, and reflect residents' assessed needs, preferences and goals. Assessment and planning processes incorporate clinical risk tools, cultural considerations and resident-specific outcomes. Files reviewed demonstrated care delivery was aligned to assessed needs and supported through regular review processes. Service coordination included input from the wider multidisciplinary team when required.

Medicines are managed and administered by staff who are trained and assessed as competent. Medication systems are consistent with the scope of the service and support safe prescribing, dispensing and administration processes.

The food service provides meals that meet residents' nutritional requirements, including cultural and personal preferences. Food is managed in accordance with food safety requirements and menus have been reviewed by a qualified dietitian.

Residents are referred or transferred to other health services when required. Coordination processes include communication and consent in accordance with relevant requirements, supporting continuity of care and resident wellbeing.

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

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

The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical equipment is tested as required.

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

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

A documented infection prevention programme has been developed by those with infection prevention expertise, has been approved through organisational governance, is linked to the quality improvement programme, and is reviewed and reported on annually at Lady Allum Care Suites

Staff demonstrated good principles and practice relating to infection prevention and control, supported by relevant education and ongoing training.

The surveillance of health care-associated infections programme is appropriate to the size and setting of the service, uses standardised surveillance definitions, and includes an equity focus to support monitoring, response and continuous improvement.

## Here taratahi | Restraint and seclusion

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| 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 service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were two residents using restraints at the time of audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques and alternative interventions, and demonstrated effective practice.

## 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) |
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| **Subsection** | 0 | 17 | 0 | 0 | 1 | 0 | 0 |
| **Criteria** | 0 | 49 | 0 | 1 | 1 | 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) |
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| **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 |
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| Subsection 1.1: Pae ora healthy futures<br>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.<br>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 | Lady Allum Care Suites has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with local iwi and Māori organisations to support service integration, planning, equity approaches, and support for Māori. There were no Māori residents at the time of audit. |
| Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa<br>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.<br>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.<br>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes. | FA | Lady Allum Care Suites provides services that are underpinned by Pacific worldviews. There were no Pacific residents at the time of the audit. A Māori and Pacific people health policy in place references Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025. The previous area requiring improvement in relation to the Pacific peoples model of care has been addressed. Pacific staff interviewed stated that they would support Pacific people to embrace their worldview, cultural and spiritual beliefs. The service has developed relationships and partnerships with local Pacific peoples communities and organisations to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of the benefit of Pacific residents in the |

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| | | service. The previous area requiring improvement has been resolved. |
| Subsection 1.3: My rights during service delivery<br><br>The People: My rights have meaningful effect through the actions and behaviours of others.<br>Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).<br>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | Staff interviewed demonstrated an understanding of the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in ways that respected their preferences, dignity and cultural values. Whānau and legal representatives interviewed reported being informed about the Code and the Nationwide Health and Disability Advocacy Service.<br><br>Evidence was sighted of training provided to staff in relation to Māori mana motuhake, advocacy, and the Code of Rights. Opportunities to discuss and clarify residents' rights were provided during admission and through ongoing multidisciplinary review processes.<br><br>Residents and whānau interviewed at Lady Allum Care Suites confirmed they were provided with clear information about their rights and felt supported in having their choices, wishes and independence respected. |
| Subsection 1.5: I am protected from abuse<br><br>The People: I feel safe and protected from abuse.<br>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.<br>As service providers: We ensure the people using our services are safe and protected from abuse. | FA | Residents at Lady Allum Care Suites receive services in an environment free from discrimination, coercion, harassment, exploitation, abuse and neglect. This is supported by relevant policies and regular staff education. During the audit, no concerns relating to these matters were identified through interviews with staff, residents and whānau or legal representatives, and through review of documentation.<br><br>Residents reported that their property was respected, with evidence sighted that residents' belongings were managed appropriately. Residents' finances are managed through clear and secure processes, with appropriate oversight, accountability and support in place. Residents and legal representatives interviewed confirmed satisfaction with these arrangements.<br><br>Staff interviewed demonstrated an understanding of professional boundaries and the requirements of the Code of Health and Disability Services Consumers' Rights. Evidence sighted confirmed that relevant training had been provided.<br><br>Residents and whānau interviewed confirmed satisfaction with the |

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| | | service, noting staff were respectful, responsive and consistent in their approach. Feedback reflected respectful interactions and safe care delivery. |
| Subsection 1.7: I am informed and able to make choices<br><br>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.<br>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,<br>keep well, and live well.<br>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 | Residents, whānau and EPOAs are provided with information to support informed decision-making in accordance with the Code. Residents and whānau interviewed confirmed that they are supported to participate in decision-making processes, and with resident consent, whānau are involved as appropriate. EPOAs of residents in the dementia unit interviewed spoke positively of communication processes and provided commendation regarding the service's communication and promotion of the Code.<br><br>Advance care planning and EPOA documentation were evident in records reviewed. Admission agreements were appropriately signed by the resident or their representative. Informed consent documentation sighted included general consent forms, resuscitation decisions and other relevant consents, which residents and EPOAs interviewed confirmed had been discussed and understood.<br><br>Staff interviewed, including care staff, administration and cleaning staff, demonstrated knowledge of informed consent principles and organisational processes relevant to their roles. Evidence of education and training was sighted within the clinical manager's training records. Staff demonstrated an understanding of consent, residents' rights and cultural safety, supported by organisational policies and training. |
| Subsection 1.8: I have the right to complain<br><br>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.<br>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.<br>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate | FA | A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.<br><br>Documentation sighted showed that complainants had been informed of findings following investigation.<br><br>The service assures the process works equitably for Māori by having a copy of the Code displayed in te reo Māori. Interpreter services are |

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| complaints in a manner that leads to quality improvement. | | accessible if needed.<br><br>There have been no complaints received from external sources since the previous audit. Internal complaints received were recorded in the complaints register, with appropriate follow-up and investigations completed. Those resolved were closed, dated and signed. Learnings from complaints are used for quality improvement. |
| Subsection 2.1: Governance<br><br>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.<br>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.<br>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 | The governing body of Oceania assumes accountability for delivering a high-quality service to users of the services and their whānau. Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required.<br><br>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori was evident in policy documentation reviewed, and through active recruitment for Māori and Pacific staff. A commitment to the quality and risk management system was evident. Members of the governance group interviewed felt well informed on progress and risks. This was confirmed in a sample of reports to the board of directors.<br><br>The clinical governance structure is appropriate to the size and complexity of the organisation, with reporting to key roles and monitoring of resident safety and clinical indicators. The general manager, the national clinical quality manager, and the quality business partner were interviewed.<br><br>The service holds contracts with Health New Zealand – Te Whatu Ora Waitematā for rest home, hospital, dementia and respite care services. On the day of the audit, 47 residents were receiving rest home level of care, 47 hospital level of care, 16 dementia level of care, and no residents were receiving respite care. |
| Subsection 2.2: Quality and risk | FA | The organisation has a planned quality and risk system that reflects the |

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| 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.<br>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.<br>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. | | principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular resident satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections, and restraint. Resident satisfaction surveys are conducted annually, with the previous one completed in April 2025. At the time of the audit, there was an ongoing residents' satisfaction survey, and the service was yet to compile the results. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.<br><br>Policies reviewed covered all necessary aspects of the service and of contractual requirements, and were current.<br><br>The general manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The current quality improvement project on falls prevention and management is ongoing.<br><br>Staff document adverse and near-miss events in line with the National Adverse Events Policy. Adverse events are submitted to the quality assurance and improvement officer at head office. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.<br><br>The general manager understood and has complied with essential notification reporting requirements. Since the previous audit, Section 31 notifications have been completed for the change in structure from two clinical managers to one clinical manager and one assistant clinical manager, a COVID-19 outbreak and a Medi-Map outage. There have been no police investigations, coroner’s inquests or issues-based audits. There were two incidents reported to the Health Safety & Quality Commission (HSQC) in 2026 for two falls with an injury sustained. |
| Subsection 2.3: Service management<br><br>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a | FA | There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) |

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| whole person.<br>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.<br>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | | approach ensures all aspects of service delivery are met. Staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the care suites.<br><br>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents. Oceania employs its own nurse practitioners.<br><br>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies, including cultural competencies, are assessed and support equitable service delivery. The previous corrective action related to cultural competencies has been addressed. Records reviewed demonstrated completion of the required training and competency assessments. Staff felt well supported with development opportunities.<br><br>Care staff have either completed or commenced a New Zealand Qualifications Authority (NZQA) education programme to meet the requirements of the provider's agreement with Health New Zealand – Te Whatu Ora. Staff working in the dementia care area have either completed or are enrolled in the required education. There were 44 health care assistants (HCAs) full-time equivalent (FTE). Of the 44 FTE HCAs, 32 have completed NZQA Level 4b, five have completed Level 4a, four have completed Level 3, and two have completed Level 2. |
| Subsection 2.4: Health care and support workers<br><br>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.<br>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.<br>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide | FA | Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed that the organisation's policies are being consistently implemented, including evidence of qualifications and registration. All health professionals or contracted health professionals have their annual practising certificates (APCs) reviewed annually. Records are maintained by the administrator, and these were reviewed.<br><br>Staff reported that the induction and orientation programme prepared them well for the role and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months |

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| clinically and culturally safe, respectful, quality care and services. | | following appointment and yearly thereafter, as confirmed in records reviewed. |
| Subsection 3.2: My pathway to wellbeing<br><br>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.<br>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.<br>As service providers: We work in partnership with people and whānau to support wellbeing. | PA Moderate | The multidisciplinary team at Lady Allum Care Suites works in partnership with residents and whānau to support wellbeing. Care plans are developed by suitably qualified staff following assessment processes that consider residents' needs, lived experience, cultural values and preferences. Risks are identified, documented and managed with a focus on prevention, monitoring and escalation where required. Wider service integration and multidisciplinary input were evident where indicated.<br><br>Residents and their whānau are supported to participate in decision-making in accordance with the Code of Health and Disability Services Consumers' Rights. Information relating to informed consent, advance directives and service expectations is provided during admission. Records reviewed confirmed that residents, and where applicable, Enduring Power of Attorney representatives were involved in care planning and review processes. Staff interviewed demonstrated an understanding of assessment, care planning and informed consent processes in line with organisational policies and practice expectations.<br><br>Management of residents' clinical needs was supported through documented monitoring, evaluation and review processes. Where changes in residents' needs were identified, care planning processes supported review and response in collaboration with residents and/or whānau. Residents and whānau interviewed confirmed active involvement in care planning and decision-making.<br><br>The previous finding related to the absence of documented specific activities covering a 24-hour period in the secure dementia unit has been resolved. Evidence of 24-hour activity planning was sighted in all resident files audited, with supporting documentation reflected in care plans, progress notes and residents' activity attendance records. This was further corroborated through staff interviews and feedback from EPOA interviewed, confirming activities were implemented in accordance with policy and legislative requirements.<br><br>There is an opportunity for improvement in relation to completion of admission documentation, timeliness of initial interRAI assessments, and |

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| | | consistency of documented nurse practitioner assessments in accordance with funder contract requirements. The sample size of the clinical files has been increased as a non-conformity was found within the minimum sample. This was to verify whether the case is one of system or process failure. |
| Subsection 3.4: My medication<br><br>The people: I receive my medication and blood products in a safe and timely manner.<br>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.<br>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 | The medication management policy at Lady Allum Care Suites was current and aligned with the Medicines Care Guide for Residential Aged Care and current guidelines. A safe system for medicine management using an electronic medication management system was observed on the day of audit. Registered nurses administering medications demonstrated practice consistent with documented procedures, and medication competencies were current. Medication reconciliation occurred on receipt of pharmacy supplies, and medications sighted were within current use-by dates.<br><br>Medicines were stored securely, including controlled drugs, with required stock checks completed. Medication storage temperatures were monitored and maintained within recommended ranges. Processes for disposal of expired and unused medications were implemented in accordance with policy. Prescribing practices met requirements, including documentation of allergies and sensitivities, three-monthly prescriber review, and appropriate management of adverse events. PRN medication administration included documentation of indication and effect.<br><br>There were no standing orders in use within the facility. The nurse practitioner confirmed that all medications are prescribed and charted electronically in real time via the medication management system.<br><br>There were no residents self-administering medications at the time of audit. Registered nurses and medication-competent staff interviewed demonstrated awareness of the self-administration procedure and associated assessment, monitoring and storage requirements in accordance with policy. |

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| Subsection 3.5: Nutrition to support wellbeing<br><br>The people: Service providers meet my nutritional needs and consider my food preferences.<br>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.<br>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | The menu at Lady Allum Care Suites was developed in line with recognised nutritional guidelines for aged care services and reflected residents' individual food preferences and cultural needs. Food services were provided on site by the facility kitchen team. Evidence of resident satisfaction with meals was confirmed through resident and whānau interviews, satisfaction surveys, and feedback recorded in resident meeting minutes. Residents and whānau interviewed provided positive feedback regarding meal quality, variety and presentation.<br><br>Snacks and fluids were available at all times, with snacks accessible on each floor to meet resident needs and preferences. Residents interviewed confirmed that food and fluids were available on request.<br><br>The menu followed seasonal four-weekly cycles and had been reviewed by a registered dietitian, with dietitian registration valid until 28 March 2027. The menu incorporated residents' cultural preferences and dietary requirements, including texture-modified and diabetic diets. The kitchen maintained current resident dietary profiles to support meals being prepared in accordance with individual clinical and personal requirements.<br><br>The service operated under an approved food safety plan, with current registration in place. |
| Subsection 3.6: Transition, transfer, and discharge<br><br>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.<br>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.<br>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 | Transfer or discharge from Lady Allum Care Suites was planned and managed safely, with coordination between services and collaboration with residents and their whānau or Enduring Power of Attorney. Risks and current support needs were identified and managed. Residents and whānau interviewed confirmed they were informed and involved in transfer and discharge processes.<br><br>Processes were in place for both acute and planned hospital transfers. The service utilised transfer documentation, including yellow envelopes, with required clinical information accompanying residents during transfer. Staff used structured communication processes when liaising with medical practitioners and hospital services, as confirmed through staff and practitioner interviews. Post-discharge planning and follow-up were documented in progress notes, with referral and specialist documentation |

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| | | sighted in records reviewed.<br><br>There was evidence of coordinated admission and transition processes. Refer to finding in criterion 3.2.4 regarding identified gaps in admission documentation.<br><br>There was evidence of a clear and structured pathway for escalation and transfer. Registered nurses interviewed demonstrated knowledge of transfer processes and requirements, supporting safe and coordinated transitions of care. |
| Subsection 4.1: The facility<br><br>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.<br>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.<br>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 | Building, plant and equipment are fit for purpose, inclusive of peoples' cultures, and comply with relevant legislation. This includes a current building warrant of fitness with an expiry date of 20 October 2026. Electrical testing and tagging were completed by an external contracted provider in April 2024. Biomedical testing and calibration of equipment are completed by a contracted provider and were last completed on 25 March 2026.<br><br>Spaces are culturally and spiritually inclusive and suited to the needs of the resident groups. Furniture is appropriate to the setting. The lounges and dining rooms are large and decorated to reflect a homely atmosphere. There is a separate café on site on the ground floor that residents and their family can use during the day. Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance. |
| Subsection 5.2: The infection prevention programme and implementation<br><br>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.<br>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.<br>As service providers: We develop and implement an infection | FA | The infection prevention and control coordinator (IPCC), a registered nurse supported by the assistant clinical manager, is responsible for overseeing and implementing the infection prevention and control programme at Lady Allum Care Suites. The infection prevention and control programme is linked to the quality improvement programme and is reviewed annually. The annual review and programme were approved by the governing body, as evidenced in governance meeting minutes and confirmed by the national clinical quality manager and review of programme documentation. |

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| prevention programme that is appropriate to the needs, size, and scope of our services. | | An infection prevention and control committee is established and meets regularly to review infection events, analyse trends, monitor surveillance data and inform prevention strategies. Committee records evidenced oversight of infection prevention activities, review of infection data, corrective actions, and reporting through governance structures. The IPCC has oversight of infection prevention and control processes and reports through organisational and governance channels to support accountability.<br><br>Staff interviewed demonstrated familiarity with infection prevention and control policies and procedures, including outbreak management processes, supported through orientation and ongoing education. Staff training records evidenced ongoing infection prevention and control education, including outbreak management training. Staff interviews confirmed understanding of infection prevention practices and implementation requirements.<br><br>Residents and their whānau received information relating to infection prevention and control in a manner appropriate to their needs. Resident and whānau interviews, staff interviews and education records evidenced communication and ongoing education relating to infection prevention and control. |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)<br><br>The people: My health and progress are monitored as part of the surveillance programme.<br>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.<br>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 | Surveillance of health care-associated infections at Lady Allum Care Suites was appropriate to the size and complexity of the service and aligned with risks and priorities identified in the infection prevention and control programme. Monthly surveillance data was collated and analysed to identify trends, potential contributing factors, and required actions. Surveillance data included ethnicity data, and results were shared with staff through meetings and reported through organisational governance structures, including reporting to the board.<br><br>A COVID-19 outbreak in December 2025 was reviewed. Documentation evidenced that the outbreak was identified through surveillance processes and managed in accordance with organisational outbreak management policies and procedures. A Section 31 notification was submitted by the national clinical quality manager. Outbreak documentation reviewed evidenced implementation of infection |

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| | | prevention and control measures, monitoring processes, communication, review of infection control strategies, and follow-up actions. Evidence reviewed in the infection control folder demonstrated that learnings from the outbreak were incorporated into practice.<br><br>The infection prevention and control programme was aligned with organisational planning and risk management processes, supporting implementation and review of infection prevention strategies. National and regional surveillance guidance was incorporated as required. Staff interviews and records reviewed evidenced that infections were discussed through clinical handover and monitoring processes to support early identification and intervention. |
| Subsection 6.1: A process of restraint<br><br>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.<br>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.<br>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | Restraint elimination is the aim of the service. The clinical governance group demonstrated commitment to this through documented policy and regular reporting requirements. A quality care manager at head office monitors the use of restraint across the organisation. There is a restraint champion at Lady Allum Care Suites, who has responsibility for ensuring that restraint elimination is achieved.<br><br>At the time of audit, there were two residents who were using restraint. Staff reported, and documentation evidenced, that staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.<br><br>Restraint is discussed in governance meetings and in national restraint group meetings. Any use of restraint is reported to the governing body through three-monthly board reports. |

# 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) |
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| Criterion 3.2.1<br>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this. | PA Moderate | Residents and whānau interviewed confirmed involvement in care planning and review. Records reviewed evidenced that care plans reflected assessed needs. However, seven of ten initial interRAI assessments were not completed within required contractual timeframes and eight of ten records lacked documented evidence of nurse practitioner comprehensive medical assessments completed in accordance with policy. | Not all files evidenced timely completion of assessment processes and required medical assessment documentation in accordance with contractual and policy requirements. | Ensure initial interRAI assessments are completed within required contractual timeframes and nurse practitioner comprehensive medical assessments are completed and documented in accordance with policy requirements.<br><br>90 days |
| Criterion 3.2.4<br>In implementing care or support plans, service providers shall demonstrate:<br>(a) Active involvement with the | PA Low | Tracer review, resident and family interviews, and records reviewed evidenced that residents and whānau were involved in care planning and review. Care delivery sampled was | Not all files evidenced complete admission documentation and documentation to support changes in level of care. | Ensure resident admission documentation is completed and changes in level of care are supported by appropriate documentation in accordance |

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| person receiving services and whānau;<br>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;<br>(c) That the person receives services that remove stigma and promote acceptance and inclusion;<br>(d) That needs and risk assessments are an ongoing process and that any changes are documented. | | consistent with assessed needs, preferences and goals, and changes in resident needs were generally reflected in care planning and service delivery. However, eight of ten files reviewed lacked required resident admission documentation. Of these, three files evidenced a change in level of care without corresponding documentation to support the change. | | with requirements.<br><br>180 days |

# 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 |
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End of the report.