

Athenree Life Limited - Athenree Life

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:

Legal entity:	Athenree Life Limited
Premises audited:	Athenree Life
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: 16 April 2026 End date: 16 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:	37

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
	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

Sound Care Group owns and operates Athenree Life Limited (Athenree Life) and provides aged residential care services including rest home, hospital and dementia care services for up to 43 residents. There has been a change of both the facility manager and the clinical manager since the previous audit.

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

The one corrective action required from the previous audit has been fully addressed in relation to the approval of the fire evacuation scheme. As a result of this audit, there were no areas of improvements identified.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Athenree Life works collaboratively to support and encourage a Māori worldview of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these are upheld. Service providers maintain professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. The property and finances of residents were respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents and whānau felt included when making decisions about care and treatment.

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

Hunga mahi me te hanganga | Workforce and structure

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

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive risk-based assessments, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional and cultural needs of the residents. Food is safely managed, supported by an approved food control plan.

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

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

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

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.
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A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, is linked with the quality improvement programme, and is reviewed and reported on annually.

Staff demonstrated good principles and practice around infection control supported by relevant IP education.

The ‘Surveillance of health care-associated infections’ programme is appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were no 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)
Subsection	0	19	0	0	0	0	0
Criteria	0	50	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	Athenree Life 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 a local iwi to support service integration, planning, equity approaches, and support for Māori. There were Māori residents at the time of audit, and those interviewed felt culturally safe. No staff at the time of the audit identified as Māori. Cultural training is provided for all staff, and this was reviewed in the training programme and the staff records reviewed. A consultant is available to guide practice and to give advice as needed.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples	FA	Athenree Life provide services that are underpinned by Pacific worldviews. Pacific residents interviewed felt their worldview, and cultural and spiritual beliefs, were embraced. No staff are currently employed who identified as Pacific peoples. A cultural health plan is available for each Pacific country.

for improved health outcomes.		
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Posters of the Code in English, te reo Māori and New Zealand Sign Language were posted around the facility. Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. Residents in the dementia unit were represented by their Enduring Powers of Attorney (EPOAs).
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Residents receive services free of discrimination, coercion, harassment, exploitation, and abuse and neglect, supported by policies and staff education. There were no examples identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed. Residents reported that their property was respected. Any cash that the residents may bring can be stored securely through the administrator and residents can access their money as desired. Professional boundaries are maintained by staff, as confirmed in interviews.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health,	FA	Residents and/or their legal representative are provided with the information necessary to make informed decisions in line with the Code. Those interviewed, and where appropriate their whānau, felt empowered to actively participate in decision-making. All residents in the dementia unit have an EPOA that has been enacted. Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code. Signed consent forms and advance directives for cardiopulmonary

keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.		resuscitation were available in the residents' files sampled for review.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.	FA	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. Documentation sighted showed that complainants had been informed of findings following investigation. The complaints register was reviewed. Three complaints received in 2025 were signed off and dated when resolved. Any complaints were used for quality improvement. The service assures the process works equitably for Māori by ensuring the complaints process is documented in te reo Māori and that a copy of the Code is displayed and a brochure is available at reception. There has been one complaint received from the Health and Disability Commissioner since the previous audit. A letter dated 9 March 2026 was sighted from Health New Zealand – Te Whatu Ora Hauora a Toi Bay of Plenty (Te Whatu Ora). This letter was received on 11 March 2026. The general manager (GM) Sound Care Group interviewed at audit responded to Te Whatu Ora about each complaint. The GM had already received an email confirming that no further information was required. Each area of the complaint was followed through by the audit team. The facility manager and other staff were interviewed throughout the audit, and poor communication was not apparent to the auditors. Information was available for families when they visited. Daily cleaning was occurring, additional cleaning schedules have been implemented, and internal audits have been increased related to cleaning. Two areas of damaged carpet are being replaced, and this was already documented on the home improvement plan reviewed. Activities were promoted for the client groups to meet their needs and residents were encouraged to participate. The environment is well ventilated, with windows and doors opening to the garden areas. The staff endeavour to provide a warm,

		safe, homely environment for the residents.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.	FA	The governing body 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. 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 plans and monitoring documentation reviewed, and through the annual business plan and continuity plans reviewed. A commitment to the quality and risk management system was evident. A member of the governance group interviewed felt well informed on progress and risks. This was confirmed in a sample of reports to the GM and to the director. All management and staff had received education on Te Tiriti o Waitangi and health equity, as per the training records reviewed. 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 service holds contracts with Health New Zealand – Te Whatu Ora Hauora Toi Bay of Plenty for provision of rest home, hospital, non-aged residential care, respite and dementia care services. The total beds are 43, with 37 beds being occupied on the day of the audit and receiving services under the contracts. There were nine residents receiving dementia care, nine receiving rest home level of care, 19 hospital level of care including one younger disabled resident (YPD) who was hospital level of care.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my	FA	The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and

experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.		procedures, clinical incidents including infections, and restraint elimination. Resident/family satisfaction surveys are completed annually and the results, once collated, are shared with residents and family through the monthly newsletter. Any feedback about staff is reported at the monthly staff meetings. Any findings are used for quality improvement of service delivery. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current. The GM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The hazard register was last updated and reviewed in December 2025. Staff document adverse and near-miss events in line with the National Adverse Events Policy. 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. The GM and the clinical manager understood and have complied with essential notification reporting requirements. The new clinical manager role in February 2026 and the facility manager position in May 2025 were reported to HealthCERT and copies of the Section 31 notifications were sighted. One adverse event in relation to an unstageable pressure injury had been reported to the Health Safety & Quality Commission (HSQC) since the previous audit.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.	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) approach ensures all aspects of service delivery are met. Those providing care 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

As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.		is 24/7 registered nurse (RN) coverage provided at Athenree Life. The RNs are provided with office days to complete the interRAI assessments and to update the care plans. All five RNs and the clinical manager are interRAI competent. 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. Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. Staff felt well supported with development opportunities. Two RNs have additional responsibilities, one for the infection prevention and control co-ordinator position and the other for the restraint coordinator role. Additional educational opportunities are provided to meet the requirements of the roles. A newly implemented online education platform is available for RNs to access alongside the new electronic system adopted by the organisation. Staff are currently transitioning to this system. An administrator at head office interviewed records all staff education completed. 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 Te Whatu Ora. Staff working in the dementia care area have either completed or are enrolled in the required education. There are 19 health care assistants (HCAs) employed at this facility: 10 HCAs have completed Level 4 and 9 have completed Level 3. Two of the Level 3 HCAs are currently completing Level 4 this year. All staff who work in the dementia care service (seven staff) have completed the dementia care training.
Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori	FA	Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, including evidence of qualifications and registration status. A record of all employed and contracted health

health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.		professionals' annual practising certificates (APCs) is maintained annually. 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 following appointment and yearly thereafter, as confirmed in records reviewed.
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	FA	The multidisciplinary team works in partnership with the resident and whānau to support wellbeing. A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded. Timeframes for the initial assessment, medical practitioner assessment, initial care plan, long-term care plan and review timeframes meet contractual and policy requirements. Staff support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, and from interviews of clinical staff, people receiving services, and whānau. Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Behaviour management plans were completed for any identified behaviours of concern and known triggers, and strategies to manage the behaviours were recorded. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau/EPOA confirmed active involvement in the process. The general practitioner (GP) expressed satisfaction with the standard of care provided to residents and the competency of the current leadership in place.

Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed. Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines are stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range. Prescribing practices meet requirements, as confirmed in the sample of records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used. Self-administration of medication is facilitated and managed safely when required. There were no residents who were self-administering medication at the time of the audit.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	The menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the food and cultural preferences of those using the service. Evidence of resident satisfaction with meals was verified from resident and whānau interviews, satisfaction surveys, and resident meeting minutes. The service operates with an approved food safety plan and registration that is valid until 1 July 2026. Snacks and drinks are provided for residents in the dementia unit on a 24-hour basis.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.	FA	Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Transfers and discharges were recorded in the progress notes sampled for review. Risks and current support needs are identified and managed. Whānau reported being kept well informed during the

Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.		transfer of their relative.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	FA	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, which expires on 3 December 2026, displayed at the entrance to the facility. Electrical testing and tagging by a local contracted service provider was reviewed. All electrical equipment and resources were verified and the inventory maintained. Biomedical equipment was last checked and calibrated by a contracted service provider in August 2025. Records were sighted. A maintenance person has been employed from 8.30am to 4.00pm, Monday to Friday, since June 2025. A separate gardener is employed on Wednesdays and Fridays for four hours per day to maintain the gardens and grounds. The facility manager is focused on the environment in respect of any quality improvements to be made. A plan was reviewed to replace the timber-look flooring with a more durable, non-slip vinyl throughout the facility. Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected	FA	The previous corrective action from the last audit has been fully addressed. A fire evacuation scheme letter documented by Fire and Emergency New Zealand (FENZ) dated 12 February 2026 was sighted and is clearly displayed at reception. The letter also verified that a zone changed in March 2016, did not require a change to the fire evacuation scheme.

event.		
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The nominated infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme, which has been developed by those with IP expertise and approved by the governance body. The programme is linked to the quality improvement programme and is reviewed and reported on annually. It was reviewed on 5 January 2026. This was confirmed by the IPCC and review of the programme documentation. Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau/EPOAs are educated about infection prevention in a manner that meets their needs.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	FA	Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. The IPCC stated that national and regional surveillance programmes and guidelines are followed when required. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance includes ethnicity data. Results of the surveillance programme are shared with staff in staff meetings and reported to the governing body in monthly reports. Communication between service providers and those residents experiencing a HAI is culturally safe, as confirmed in interviews.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive	FA	Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this through documented policy and regular reporting requirements. At the time of audit, there was no restraint in use, and this has been the case for at least two years. Staff reported, and documentation evidenced, that staff have been trained in the least restrictive practice,

practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.		safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.