Rhodes on Cashmere HealthCare Limited - Rhodes on Cashmere

Introduction

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

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking here.

The specifics of this audit included:

Legal entity:	Rhodes on Cashmere HealthCare Limited
Premises audited:	Rhodes on Cashmere
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 16 April 2026 End date: 17 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: 28

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Rhodes on Cashmere is part of the Arvida Group and is certified to provide hospital services (medical and geriatric), and rest home level of care for up to 35 residents. All beds are dual purpose beds. On the day of audit there were 28 residents in total.

This certification audit was conducted against Ngā Paerewa Health and Disability Standard 2021 and contracts with Health New Zealand. The audit process included a review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau, staff, general practitioner, management, and the head of clinical quality who provided support for the audit process.

There have been changes to management since last audit. The experienced village manager is supported by a clinical manager, registered nurses, wellness partners (caregivers), and a team of experienced staff. There are various groups in the Arvida support office who provide oversight to village managers. There are quality systems and processes being implemented.

Feedback from residents and family/whānau was highly complementary about the care and services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This audit did not identify any shortfalls.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.

Rhodes on Cashmere provides an environment that supports resident rights and safe care. Te Tiriti o Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana Motuhake, and this is reflected in the Māori health plan and business plan. A Pacific health plan is also in place which ensures cultural safety for Pacific peoples embracing their world views, cultural and spiritual beliefs.

Staff demonstrated their knowledge and understanding of resident's rights and ensure that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent and to protect residents' property and finances. Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) are included in the information packs given to new or potential residents and family/whānau.

Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

Hunga mahi me te hanganga | Workforce and structure

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

The business plan includes a mission statement and operational objectives. The service has quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and staff. A robust health and safety

programme is implemented, and hazards are reviewed on a regular basis. Performance is monitored and reviewed at planned intervals via the quality and risk programme and through meetings. Residents and family/whānau are given the opportunity to provide regular feedback. An integrated approach includes collection and analysis of quality improvement data, identifying tends which can lead to improvements. Adverse events are documented, with corrective actions addressed. Recruitment processes include an interview, police checks, referee checks, and induction. Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, inducted, and managed using current good practice. The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.

Entry into the service is managed in an equitable, safe, and timely manner. Registered nurses are responsible for assessment, care planning, and evaluation of care. Residents and family/whānau interviewed expressed they are involved at all stages of service delivery. A general or nurse practitioner visits the facility weekly to complete medical assessments and medication reviews. Residents have their needs met in a manner that respects their cultural values and beliefs.

Activities are overseen by a wellness lead assisted by wellness partners. The formal activities programme is provided seven days per week. Residents have choices of activities that are meaningful to them.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education. All medication charts were completed correctly and evidenced allergies and sensitivities.

All meals and baking are prepared and cooked onsite. Nutritional needs and preferences of residents are identified on admission and during regular reviews. There is a current food control plan. The menu caters for cultural preferences, and the menu has been reviewed by a dietitian. Dietary needs, allergies, intolerances, and preferences are catered for.

Discharge and transfer are managed safely in collaboration with residents and their family/whānau.

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

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

There is a current building warrant of fitness. There is a preventative and reactive maintenance plan implemented. Rooms are spacious to provide personal cares. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. There is adequate space throughout the facility for residents to move around freely with mobility aids. There are sufficient toilet and bathing facilities. All communal areas and resident rooms have natural light.

Appropriate training, information, and equipment for responding to emergencies is provided. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency including a pandemic. There are emergency supplies for at least three days. A staff member trained in resuscitation skills and first aid is always on duty. There are appropriate security measures in place overnight.

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.

A registered nurse is responsible for infection prevention and antimicrobial stewardship for Rhodes on Cashmere. Infection prevention management systems are in place to minimise the risk of infection to residents, service providers, and visitors. Relevant infection prevention education is provided to all staff as part of their orientation and ongoing in-service education programme. Infection prevention practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. The service has a robust pandemic and outbreak management plan in place. The internal audit system monitors for a safe environment. There have not been any outbreaks reported since the previous audit.

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

Here taratahi | Restraint and seclusion

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

The policy and procedures for restraint elimination and safe practice are in place. At the time of the audit there was no restraint being used at Rhodes on Cashmere. The restraint coordinator is the clinical manager. Family/whānau are involved in any decisions relating to restraint. The head of clinical quality oversees the restraint practice with the support of the restraint committee. Training records demonstrate staff receive annual education on restraint elimination, responding to distressed behaviour, and de-escalation techniques.

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	27	0	0	0	0	0
Criteria	0	168	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	A Māori health plan is documented for the service. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim of this plan is equitable health outcomes for Māori residents and their family/whānau with overall improved health and wellbeing. The Māori health plan has a set of actions to address barriers to Māori accessing care and employment within Arvida, which is understood by staff. At time of the audit there were no residents who identified as Māori. Rhodes on Cashmere is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and their family/whānau was evidenced in the cultural component of care plans reviewed. There were current staff members who identified as Māori. The business plan also documents that the service is embedding and enacting Te Tiriti o Waitangi within the service, recognising and supporting Māori employees and residents. Arvida Group is dedicated to partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. The Māori advisory group confers on and provides support for any cultural issues arising from villages. The advisory group also consults with the clinical governance group on matters where policy or practice change may be required. Rhodes on Cashmere has links with a local Māori Marae who provide

		guidance and support for Māori peoples. Twelve staff including, two registered nurses, four wellness partners, one maintenance manager, one food services manager, one wellness leader, two cleaners and one laundry assistant, and the management team including the village manager, clinical manager, and head of clinical quality confirmed that all cultures were treated equally and were welcomed to the workplace.
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 for improved health outcomes.	FA	A Pacific health plan is documented that focuses on upholding the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality health care. The plan addresses equity of access, reflecting the needs of Pasifika to ensure the best outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of Pasifika. On admission all residents state their ethnicity. There were residents identifying as Pasifika at the time of the audit. Registered nurses interviewed explained how family/whānau are involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. Individual cultural beliefs are documented in the resident's care plan and activities plan. There were current staff that identified as Pasifika. The village manager and clinical manager described how Rhodes on Cashmere continues to actively recruit and retain a holistic Pacific health and wellbeing workforce, which also includes providing leadership and training opportunities for Pacific peoples. The service has long established links with a Pacific provider, who provides guidance and support for Pacific peoples. The Pacific Health Plan included involvement with Pacific communities underpinned by Pacific voices and Pacific models of care. The village manager and clinical manager also described how they continue to provide equitable employment opportunities for the Pacific community.

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	Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The clinical manager and registered nurses take responsibility for ensuring all residents and their family/whānau are aware of the Code. The Code is displayed in multiple locations in English, and te reo Māori. Discussions relating to the Code are held during the resident meetings. Six residents including, two hospital and four rest home, and one rest home family/whānau member interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. Other formats are available online. There are links to spiritual support documented in the policy. The service recognises Māori mana Motuhake, and this is reflected in the Māori health plan that is in place. Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	Wellness partners interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice, independence was promoted, and examples were provided. The service's annual training plan demonstrates training that is responsive to the diverse needs of residents across the service. A sexuality and intimacy policy is in place. Spiritual needs are identified, church services are held and spiritual support is available. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2026 confirmed that residents and family/whānau are treated with respect. This was also confirmed during interviews with residents and the family/whānau member. Staff were observed to use person-centred and respectful language with residents and knocking before entering resident rooms. Residents and

		family/whānau were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents' preferred names. Values and belief information is gathered on entry to the service with family/whānau input and is integrated into the residents' support plans. The Arvida Attitude of Living Well encourages a resident led culture of care that ensures each resident's values and beliefs underpin all decision-making. The holistic approach, using five pillars of wellness, requires staff to understand each resident's individual preferences, habits, and routines. The organisation is actively encouraging the use of te reo Māori promoting Manaakitanga which can be translated to mean service, hospitality, generosity, respect, kindness, and support towards others leading with aroha and considering aspects of signage that reflect the use of te reo Māori and sharing knowledge around the values underpinning tikanga principles. Te Tiriti o Waitangi, te reo Māori and tikanga Māori training is covered in the staff education and training plan. The Māori health plan acknowledges te ao Māori referencing the interconnectedness and interrelationship of all living and non-living things. Staff respond to tāngata whaikaha needs and enables their participation in te ao Māori evidenced through the Māori health plan and interviews with staff and residents.
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	Rhodes on Cashmere policies, and the staff handbook provided on commencement of employment, guide staff to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. All staff interviewed understood the service's policy on abuse, neglect and discrimination including action to take if there are any signs. Cultural days are held to celebrate diversity. House rules are discussed with staff during their induction to the service that addresses harassment and bullying. Staff sign to acknowledge their understanding of these house rules. The Arvida values actively encourage an attitude to care, which include fairness, acting with integrity and authenticity, innovation, a can-do attitude, and passion. These values align with Te Tiriti o Waitangi principles, equity and help

		challenge discrimination. Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value both the older and younger resident showing them respect and dignity. All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful. Residents reported their property and finances are respected. Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions and maintained in day-to-day practice. All staff interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. Residents reported they are free from any type of discrimination, harassment, physical or sexual abuse or neglect and felt safe. The village manager stated that any reports of alleged episodes of abuse, neglect or discrimination would be immediately reported through the incident management system, investigated and responded to in a timely manner. Rhodes on Cashmere promote a holistic Te Whare Tapa Wha model of health, which encompasses an individualised, strengths-based approach to ensure the best outcome for all residents including Māori.
Subsection 1.6: Effective communication occurs The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	Information about the facility and services offered is provided to residents and family/whānau on admission. The resident information pack that is provided to residents and family/whānau on admission includes information on the Code, advocacy services, and complaints. Resident meetings identify feedback from residents and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident; communication is also documented in the progress notes. Fourteen accident/incidents reviewed had evidence that family/whānau had been notified. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English.

		Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services. The clinical nurse lead and registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed through meeting, emails, and newsletters.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.	FA	There are polices around informed consent. Six resident files reviewed included informed consent forms signed by either the resident or their enduring power of attorney (EPOA). Consent forms for Covid-19 and influenza vaccinations were also on file where appropriate. Residents and family/whānau could describe what informed consent was and their rights around choice. There is an advanced directive policy. In the files reviewed there were appropriately signed resuscitation plans and advance directives were completed. The service follows relevant best practice tikanga guidelines welcoming the involvement of whānau in decision making where the person receiving the services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all files sampled. Copies of Enduring Power of Attorney (EPOAs) or welfare guardianship were in resident files where applicable. Where the EPOAs are activated, a medical letter of incapacity were on file.
Subsection 1.8: I have the right to complain	FA	The complaints procedure is provided to residents and family/whānau

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.		on entry to the service. The village manager maintains a record of all complaints, both verbal and written, by using a complaint register. There has been one complaint received (in 2025) since the last audit. The complaint reviewed included acknowledgement, investigation, follow up and replies to the complainant. Corrective actions related to the complaint were implemented as indicated. Staff are informed of complaints (and any subsequent corrective actions) in the quality improvement and staff meetings (minutes sighted). Follow up and resolution letters link to the national advocacy service. There have been no external complaints. Access to complaint forms is located at the entrance and in visible places throughout the facility or on request from staff. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings provide opportunities where concerns can be raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code and complaints process are visible, and available in te reo Māori, and English. Interviews with the village manager, clinical manager and documentation reviewed demonstrated that complaints are managed in accordance with guidelines set by the HDC. Interviews with residents and the family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The management team acknowledged the understanding that for Māori, there is a preference to include whānau participation and face to face meetings.
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	FA	Rhodes on Cashmere located in Cashmere, Christchurch, is owned and operated by the Arvida Group Limited. The service is certified to provide rest home and hospital level care for up to 35 residents. The care suites are dual purpose beds and under licence to occupy agreements. On the day of audit, there were 28 residents in total: 17 at rest home level care and 11 residents at hospital level care. All residents were on the age-related residential care (ARRC) agreement.

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.		There was one private paying resident receiving packages of care in the care suite. There are no double/shared rooms. There was one couple at the time of the audit, who were living in single rooms. Arvida Group Limited's Boad of Directors are experienced and provide strategic guidance and effective oversight of the executive team. Their core focus is creating sustainable value, providing strategic guidance for the group and effective oversight at governance level for the organisation. Arvida Group Limited's Board of Directors are committed to ensuring best-practice governance structures and high ethical standards are maintained within Arvida Group Limited. The Arvida executive team comprises of eight experienced executives. There are various groups in the support office who provide oversight and support to village managers including wellness and care team, operations including (regional managers), village services information technology, people team (including the health and safety manager), and finance and accounts. The Board receives progress updates on various topics including benchmarking, escalated complaints, human resource matters, occupancy, and infection outbreaks. There is a strategic plan that includes the scope, strategy, mission, values, philosophy around person centred and resident led care and support. There is a Rhodes on Cashmere 2025-2026 business plan being implemented which describes specific and measurable goals that are regularly reviewed and updated. The 2025 business goals have been evaluated with degree towards achievement documented. The executive team, village manager, and clinical staff have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity, and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. There is a clinical governance group that guides vision, practice, and development. There is a separate Māori advisory group whose membership comprises people with Māori ancestry which assist the clinical governance group to improve outcomes that achieve equity for Māori by ensuring any decisions related to Māori embrace the principle of Tino Rangatiratanga. The Māori advisory group is responsible for establishing initiatives to ensure operational practices are appropriate and to improve access and outcomes that achieve equity for Māori. Arvida Group have contracted a Māori advisor to support policy review,

		te reo, Te Tiriti o Waitangi and tikanga Māori training. Arvida Group has a well-established organisational structure. The overarching current strategic plan has clear business goals to support their philosophy "to create a great place to work where people can thrive". The strategic plan reflects a leadership commitment to collaborate with Māori and tāngata whaikaha aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The overall strategic goal is to deliver high-quality service which is responsive inclusive and sensitive to the cultural diversity of the communities that they serve. There is a clinical governance group that reflects the Arvida values and approach, including the inclusion of a resident in the group, "touchpoints" across different areas of expertise, and clear links to the clinical indicator steering group and Māori advisory group. Orientation for new directors is tailored to sector knowledge and governance experience. At the facility level, clinical governance is overseen by the clinical manager and the registered nurses with portfolio responsibilities. The service is managed by the village manager who has been in the role for four months and has over twenty years' experience as a surgical registered nurse. The village manager is supported by a clinical manager who has been in their role for three years and has worked at Arvida for six years. The management team are supported by an experienced team of care staff and the wider Arvida support team including, the head of clinical quality, who was actively present on site at the time of the audit and is involved in ensuring the service delivery and clinical effectiveness improve to maintain a high standard as expected from the Arvida Group. All members of the management team are suitably qualified and maintain professional qualifications in management and clinical skills. The management team were knowledgeable about legislative and contractual requirements. The village manager has completed a comprehensive induction for the role and has attended Arvida's annual village manager forum.
Subsection 2.2: Quality and risk	FA	Rhodes on Cashmere has an established quality and risk management

The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.		system that uses a risk-based approach to improve service delivery and care for the residents. The quality monitoring programme is designed to monitor contractual and standards compliance and the service delivery in the facility. The quality and risk management framework includes complaints, accident and incident reporting, internal audits, hazard identification, and review, staff training, and resident experience survey feedback. Data is collated monthly, compared to the previous month, and benchmarked. Risks are identified and opportunities to minimise risks are implemented. Internal audits have been held according to schedule and any corrective actions identified have been followed up and signed off as completed. Quality data is collated monthly and compared to the previous month. There was documented evidence in the quality improvement and staff meetings of discussions held around quality data. Meeting minutes are made available to staff who are unable to attend the meetings. Facility meetings have been held according to schedule. Policies and procedures align with current good practice, and they are suitable to support rest home and hospital levels of care. Policies are reviewed a minimum of two yearly, modified (where appropriate), and implemented. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa Standard are processes that provide a critical analysis of practice to improve health equity. Resident and relative satisfaction surveys are conducted. The resident and family/whānau satisfaction survey results from April 2026 have been collated a week before the audit. The resident survey results evidenced 87% of residents were either satisfied or highly satisfied with the care received. The agenda for the next staff, quality improvement and resident meetings included discussion of the results. Any corrective actions would be implemented relating to any areas requiring improvement. Health and safety policies are implemented and monitored through the monthly meetings. Risk management, hazard control and emergency policies and procedures are in place. There is a health and safety committee at Rhodes on Cashmere who report to the wider Arvida group health and safety committee. The hazard register is maintained by the health and safety committee. There is a risk register in place and is the responsibility of the committee. Hazard identification forms

		and an up-to-date hazard register were sighted. The service documents incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Incidents and accidents forms are completed for all adverse events. Results are collated, analysed, and included in quality data and shared with the wider team. Incident data was evidenced as discussed at quality improvement and staff meetings and a summary displayed in staff areas. Discussions with the village manager and clinical nurse manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. One section 31 notification (village manager change) and four severity assessment code (SAC) reports to the Health Quality and Safety Commission (HQSC) have been completed since the previous audit. There have been no outbreaks reported since the last audit.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of culturally and clinically safe care 24 hours a day seven days a week. The service adjusts staffing levels to meet the changing needs of the residents. Review of the current rosters showed shifts were covered by experienced staff and there was 24/7 registered nurse cover. The village manager and clinical manager both work full time from Monday to Friday. The village manager is on call for any operational related matters. The clinical manager is on call for any clinical issues, with support from the village manager and a clinical manager from a nearby Arvida facility. The managers are supported by an experienced team of registered nurses and wellness partners. The number of wellness partners on each shift is sufficient for the acuity, layout of the facility, and to provide safe and timely care on all shifts. The service utilises their casual pool staff and if required permanent staff can extend their shifts until other staff arrive to cover short notice absences. Staff and residents are informed when there are changes to staffing levels, as evidenced in staff interviews. There are designated food services, cleaning, maintenance, and laundry staff, with rosters reviewed evidencing

		seven-day cover. Staff on duty on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff complete cultural awareness training at orientation and ongoing as part of the training schedule. External training opportunities for care staff include training through Health New Zealand and hospice. Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The mandatory training delivered creates opportunities for the workforce to learn about and address inequities. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Of the 28 wellness partners working at Rhodes on Cashmere, 28 have achieved a level three or above NZQA qualification. A record of completion is maintained on electronic system and staff files. Staff are required to complete competency assessments as part of their orientation and maintain these annually. Registered nurses' complete specific competencies that include restraint, medication administration, syringe driver and interRAI assessments. Six of the nine registered nurses (including the clinical manager) are interRAI trained. All registered nurses are encouraged to attend in-service training and complete additional training, including palliative care training, critical thinking; infection prevention; identifying and assessing the unwell resident. All wellness partners are required to complete annual competencies including restraint, manual handling, cultural safety, and hand hygiene. A selection of wellness partners have completed medication administration competencies. A record of completion is maintained on an electronic system and in staff files. Support systems promote health care and staff wellbeing and a positive work environment. All staff interviewed were complimentary regarding the positive culture within the service, and they stated that management are supportive and family friendly. Staff welfare is promoted through provision of regular cultural themed activities. Staff

		participate in an annual employee satisfaction survey with results reviewed evidencing high satisfaction rates of respondents.
Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	FA	Human resource policies are in place and include recruitment, selection, orientation, staff training, and development. Nine staff files including, one clinical manager, one registered nurse, one wellness leader, five wellness partners and one maintenance manager reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals including registered nurses, general practitioner, dietitian, podiatrist, and pharmacists. There is a policy related to performance review process in place and a performance review schedule maintained by the village manager. All staff who have been employed for over a year have completed performance reviews on file. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation and annually. The service demonstrates that the orientation programme supports registered nurses and wellness partners to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Management and staff reported they can be involved in a debrief discussion to receive support following incidents. Documentation was submitted that confirmed debrief to ensure wellbeing support is provided. Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities. The Employee Assistance Programme (EAP) is available to staff.

Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.	FA	There are policies and procedures that guide staff in the management of information. Resident files and the information associated with residents and staff are retained and archived. Residents' information is held for the required period before being destroyed. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type. All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Records are uniquely identifiable, legible, timely and met current documentation standards. Signatures that are documented include the name and designation of the service provider. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The facility manager reported that EPOA's can review residents' records in accordance with privacy laws, and records can be provided in a format that is accessible to the resident concerned. The village manager is the privacy officer and there is a pathway of communication and approval to release health information. The service is not responsible for National Health Index registration for people receiving services.
Subsection 3.1: Entry and declining entry The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate	FA	There are policies in place for entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. A review of residents' files confirmed entry to service complies with entry criteria. The service admission agreement reviewed aligns with all service requirements. Each of the resident files reviewed included a signed admission agreement, signed by the resident or their enduring power of attorney (EPOA). Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated they received the

information about the reasons for this decision is documented and communicated to the person and whānau.		information pack along with sufficient information prior to and on entry to the service. Admission criteria are based on the assessed needs of the resident and the contracts under which the service operates. The clinical manager and village manager are available to answer any questions regarding the admission process. The service openly communicates with prospective residents and family/whānau during the admission process and keeps the referral agency, residents and family/whānau informed should there be a delay. Where admission is not possible due to a lack of availability related to occupation right agreement admissions (ORA) or a prospective resident requiring a different level of care, they and their family/whānau are provided with alternative options and links to the community. The service collects and collates ethnicity data for prospective residents if provided. Ethnicity information is collected at the time of admission. Rhodes on Cashmere is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and liaison with local kaumatua and Kaupapa Māori health providers.
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	Six resident files were reviewed including three hospital and three rest home level of care. Registered nurses are responsible for conducting all assessments, and for the development and review of care plans. Residents and family/whānau confirmed they are involved in assessment, care planning and review processes and resident files show evidence of resident and family/whānau involvement. Cultural assessments are completed for all residents by activities staff who have been trained to do so. Māori residents (when admitted) have personal profiles and individual care plans that include cultural preferences, family/whānau involvement and tikanga considerations to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes. Residents who identify as Pasifika have a care plan in place that addresses their cultural preferences and needs. The clinical manager reported any barriers that prevent tāngata whaikaha and family/whānau from independently accessing information or

		services are identified, and strategies to manage these are documented. Staff confirmed they understood the process to support residents and family/whānau. All residents have admission assessment information collected and an initial care plan completed at the time of admission. All reviewed files have up to date interRAI assessments completed. Registered nurses' complete comprehensive assessments using validated assessment tools and a holistic care plan is in place. The "Attitude of Living Well" model of care framework covers every aspect of life: eating well, moving well, thinking well, resting well, and engaging well. Resident files reviewed confirmed that the initial interRAI assessments and initial and long-term care plans were completed in a timely manner and within the required timeframes. All long-term care plans reviewed included interventions to manage all risks, early warning signs, and guide care delivery. The care plans are holistic and align with the service's model of person-centred care. InterRAI assessments and care plan evaluations are completed at least six-monthly or when residents' needs changed. Evaluations document the progress towards the individual`s goals and if they are met or unmet. Short-term care plans for short-term needs such as infections and wounds are well utilised, with interventions transferred to the long-term care plans in a timely manner. The service actively reviews the InterRAI outcome scores for each resident and compares these with the previous interRAI in the case conference meeting. This meeting occurs six-monthly and family/whānau and residents attend or where family/whānau cannot attend they are involved via electronic means. The registered nurses use the case conference to discuss if there are any other interventions that might be helpful if interRAI scores have dropped. The general practitioner from a local practice ensures residents are assessed within five working days of admission. The general practitioner reviews each resident at least three-monthly with visits from the practice weekly. The general practice provides 24/7 on-call services. The clinical manager is available 24/7 for clinical advice and decision making as required. When interviewed, the general practitioner expressed their satisfaction with the standard of care and the registered nurses' competence. Specialist referrals are initiated as

		needed. Allied health interventions are documented and integrated into care plans. The service has an independent physiotherapist contracted to work four hours per week. An Arvida dietitian is available to Rhodes on Cashmere. A continence advisor, hospice specialists, mental health team, and district nurse (for complex wounds) are available as required. A podiatrist visits six- weekly. Wellness partners and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written at least daily by registered nurses for hospital level residents and at least weekly for rest home level residents. Progress notes are written each shift by wellness partners. The electronic progress notes detail any new events (infections and incidents as examples) and follow up for any interventions (wound dressings as an example). The registered nurses further add to the progress notes following, general or nurse practitioner visits or changes in health status. Residents interviewed reported their needs and expectations are being met, and family/whānau confirmed the same regarding their loved ones. When a resident's condition alters, the registered nurses initiate a review with the general or nurse practitioner. Family/whānau stated they are notified of all changes to health, including infections, accident/incidents, general and nurse practitioner visits, medication changes, and any changes to health status, and this was consistently documented in the resident's progress notes. A wound register is maintained. There were a total of seven wounds skin tears, venous ulcers and moisture associated skin damage. There were two unstageable pressure injuries. A sample of wounds were reviewed and there were comprehensive wound assessments, wound management plans, and documented evaluations, including photographs to show healing progression. The clinical manager completes a monthly wound report which identifies the causes and types of wounds. Wound management is holistic and includes nutrition and positioning (as examples). Wellness partners and registered nurses interviewed confirmed there are adequate clinical supplies and pressure relieving equipment is provided. Care plans reflect the required health monitoring interventions for

		individual residents. Wellness partners and registered nurses complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels and repositioning. Neurological observations are completed as per the policy for unwitnessed falls or where a head injury is suspected.
Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.	FA	A wellness leader leads the activity programme. The activity programme runs seven days per week until the early evening. The wellness leader interviewed works full time (Monday to Friday) and has been in the role for a year. The wellness leader is supported by wellness partners seven days per week. The activity programme has integrated activities that are appropriate for all residents. The activities programme is supported by the "Attitude of Living Well" framework that covers every aspect of life: eating well, moving well, thinking well, resting well, and engaging well. The activities are displayed in large print on all noticeboards and residents receive a copy of a weekly activities calendar. Staff remind residents of the day's activity programme throughout the day. The calendar is planned monthly in collaboration with residents who are invited to say what activities they would like to do. The calendar includes chair exercises; art and craft; baking; quizzes; word puzzles; and themed events such as the Kings birthday, Mothers/Father's Day, Matariki, Diwali and Waitangi Day. Weekly church services are held, and entertainment is provided by entertainers and school and kindergarten children. During the audit staff and residents were completing a wall of remembrance mural on a wall by reception. Each resident has an activities assessment completed. The assessment is completed with the resident and family/whānau and used to develop an individualised plan for all residents. The cultural, social, spiritual, and activities section of the long-term care plan is completed within three weeks of admission and reviewed at least six-monthly at the same time as the long-term care plan is reviewed. Attendance/engagement records are maintained. The wellness leader stated the resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. The activity programme provides

		opportunities to participate in te reo Māori, incorporating Māori language in regular activities, entertainment and singing, Māori art and craft, participation in Māori language week, and Matariki. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities, have one-on-one visits and activities such as hand massage, hand pampering, book reading, and reminiscing. There is a café on site. There is a regular shuttle to the Arvida Good Friends Centre twice a week that provides access to a pool, gym, and café. Residents are encouraged to provide input into the formation of the programme and partake in activities that are appropriate and meaningful. The activity programme sighted during the audit evidenced high attendance and resident engagement. There are monthly family/whānau and resident meetings. Meeting minutes sighted evidenced high attendance. Family/whānau interviewed confirmed they find the meetings helpful for finding out what is happening in the facility and have an opportunity to provide feedback if necessary. Residents can provide feedback on activities during one-to-one sessions, at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.
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	There are organisational policies and procedures in place for safe medicine management. Registered nurses and medication competent wellness partners administer medications. All staff who administer medications complete annual competencies and education. The registered nurses have completed syringe driver training and competency. All medications are administered from prepacked blister packs. The RN checks the packs against the electronic medication chart, and a record of medication reconciliation is maintained. Any discrepancies are fed back to the supplying pharmacy. There were no residents self-administering medications on the days of audit. There are assessments and processes in place should any resident wish to

		do this. No standing orders were in use, and no vaccines are kept on site. There are two dedicated medication rooms in the facility: one on level one (ground floor) and level two with swipe access. All residents' routine medications are stored in moisture proof locked cabinets in resident room ensuites and with their own temperature thermometer. All controlled drugs and 'as required' drugs are stored in the medication rooms. The medication rooms have security cameras fitted and adequate lighting. Medication rooms are temperature controlled to ensure a steady room temperature is maintained. Fridge temperatures are documented daily and within an acceptable range. Weekly medication room and resident room medication cabinet temperature monitoring was completed. Monitoring records were sighted and evidence that temperatures have been maintained within the acceptable temperature range. Eye drops and creams were dated on opening. Twelve medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status recorded. The GP had reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made. This was evident in the medical notes reviewed. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the medication system. All medications are charted as either regular doses or 'as required.' Over the counter medication and supplements are recorded on the medication chart. Residents and family/whānau are updated around medication changes, including the reason for changing medications and potential adverse reactions. This is documented in the progress notes. The registered nurse and clinical manager described the process to work in partnership with Māori residents (when in care) and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/ whānau are supported to understand their medications.

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	All meals are prepared and cooked on site. The food services manager (interviewed) works full time. They are supported by a part-time cook and two other kitchen hands. A review of staff training records evidenced that all kitchen staff have completed a broad range of education/training sessions relating to food handling, including tikanga Māori tapu and noa, allergens and food hygiene (as examples). The kitchen was observed to be clean, well-organised and well equipped. A current approved food control plan was evidenced, expiring 14 June 2026. The food control plan is implemented using an electronic platform; six monthly audits are completed to ensure all aspects of the food control plan is implemented for safe food services. Daily records include fridge and freezer temperatures recordings in kitchen and storage areas. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. The four-weekly seasonal menu has been reviewed by a dietitian in October 2025. The food services manager receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The food services manager is aware of resident likes, dislikes, cultural needs, and special dietary requirements. Resident profiles have been reviewed within the six-monthly resident review process, or as and when required. Two options are offered for main meals, and alternative meals are offered for those residents with dislikes, or religious and cultural preferences. Residents have access to nutritious snacks at any time of the day or night. Meals are transported in hotboxes to the kitchenette /serving areas on each floor and plated by the wellness partners. Residents were observed enjoying the social aspect of their meals. On the day of audit, meals were observed to be well presented. Staff were observed respectfully assisting residents with meals in the dining areas. Modified utensils are available for residents to maintain independence with eating as required.

		Feedback related to the food services are provided at the annual resident and family/whanau satisfaction survey and at monthly resident meetings. Residents interviewed stated their satisfaction with the meals.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.	FA	Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a different level of care. Discharge and transfer are planned processes that are communicated with residents and their family/whānau. Residents and family/whānau are advised of the reason for transition/transfer, options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested. In order to coordinate a supported transition of care or supports when residents are transferred to the public hospital, their family/whānau are informed. The registered nurse completes a set of transfer documents, and the general or nurse practitioner makes the referral to hospital. Relevant documentation sent with the resident includes a printout of their current medications, care needs, and a copy of EPOA documents. Resident needs and potential risks are communicated to the referred health service by the registered nurse. Where a resident's wish or need to be seen by another health service, referral is made, examples sighted included referrals to the dietitian, speech language therapist, and specialist clinics at the hospital. Residents attending external appointments are encouraged to be accompanied by their family/whānau.
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	FA	The building holds a current building warrant of fitness. The building, grounds and equipment are fit for purpose and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices. Residents were seen to display items of significance in their rooms. The service is meeting the relevant requirements as identified by

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.		relevant legislation, standards, and codes. The service employs a full-time maintenance manager. There is an electronic app where maintenance requests are documented and acted upon in a timely manner. This is checked and signed off when repairs have been completed. There is a preventative maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, monthly testing of hot water temperatures and ceiling hoist checks. Hot water temperature monitoring records sighted were within acceptable ranges. The preventative maintenance plan comes from Arvida Group support office and is adjusted to meet the facility's needs. Essential contractors, such as plumbers and electricians, are available 24 hours a day as required. Electrical equipment is checked for compliance, and this has been completed by an external contractor. Annual checking and calibration of medical equipment, hoists and scales was completed in June 2025. There are adequate storage areas for the hoist, wheelchairs, products, and other equipment. The staff interviewed stated that they have all the equipment referred to in care plans to provide care. The facility has been designed in a household configuration in accordance with the 'Attitude of Living Well' model of care. The care centre is built across three floors: level one (ground level) with a large communal lounge/ dining area with open plan kitchen area/servery, whānau room, medication room, sluice, nurse's station and 14 resident rooms (two corridors of seven rooms each). Level two is a mirror image of level one; however, the staff room and clinical manager office is situated on level two. Level three has seven resident rooms, and a communal lounge/ dining area. There are two lifts (one large lift and one smaller lift) on either side of the communal areas so residents and visitors can access all floors. There is also stair access. Lounge areas are carpeted and have large ranch slider doors at level one and level two. Seating is placed appropriately to allow for groups and individuals to relax or take part in activities. The lounge area on level one opens out to a large, decked area providing safe access to outside areas and gardens. The external courtyards and gardens have seating and shade. The kitchenette areas on each floor have adequate bench space,

		fridge, microwave, oven, and dishwasher. On the day of the audit, residents and families/whānau were observed making use of the facilities. Heat-pumps are fitted in all communal areas. All resident rooms have tracks for ceiling hoists fitted and all rooms have sensor lights fitted. All resident rooms and suites have generous ensuite facilities which provide adequate space for hospital equipment. All ensuites are tiled wet areas with privacy curtains, call bells, and handwashing facilities with flowing soap. Paper towel dispensers have been built into the cabinetry. Bathroom cabinets include a locked drawer for medications which is moisture proof. All resident rooms and communal areas have ample natural light and ventilation. Residents and their families/whānau are encouraged to personalise their bedrooms as sighted. Residents interviewed, confirmed their bedrooms are personalised according to their individual preferences. Corridors are wide and provide access to all communal areas for residents using mobility equipment. Residents were observed moving freely around the areas with mobility aids where required. There are adequate toilets throughout the facility for staff and visitors. Rhodes on Cashmere has a working relationship with Ngāi Tahu. The need to ensure any future developments/ refurbishments have a co-design approach to ensure changes reflect the aspirations and identity of Māori, is well known by the organisation.
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 event.	FA	Emergency management policies, a site-specific emergency disaster plan, and a pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties and responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. The NZ Fire Service evacuation scheme was approved in June 2022. A fire drill is completed and a documented six-monthly fire evacuation practice plan is in place which was sighted. A contracted service provides checking of all facility equipment, including fire equipment. Fire training and security situations are part of orientation of new staff. Staff receive appropriate information and training regularly. Emergency

		equipment is available at the facility. Short-term backup power for emergency lighting is in place. The electronic medication system is backed up if Wi-Fi fails. The telephone is backed up via the mobile system, and IT backup systems are in place. The hazard and risk plan and emergency management policies document an escalation process for access to a generator. There is a first aider on each shift. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. The facility is well prepared for civil emergencies, with civil defence bins, advanced resuscitation bag, evacuation chairs, a store of 5000L emergency water (situated at the rear of the facility), several hot water tanks in the ceiling and BBQs for alternative cooking. Emergency food supplies sufficient for at least three days are kept onsite. There is a store cupboard of supplies necessary to manage a pandemic/outbreak. The facility can hire mobile emergency generators if there is a power failure. There is a defibrillator at reception for use in healthcare emergencies. There are first aid supplies at reception, nurses' stations, kitchen, laundry, maintenance shed and in vehicles used by residents. First aid training was completed by all staff and there is a first aid trained staff rostered on each shift. There are call bells in the residents' rooms, ensuites, and lounge/dining room areas. Pendants are available for residents as and when appropriate. The call bell system is linked to cell phones carried by staff on duty to respond to calls by residents. Residents were observed to have their call bells and pendants in close proximity. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. Information around what to do in an emergency is included in the resident's admission pack. The facility is secured at night with a private security company contracted for night security supervision. The facility external doors and front gate, automatically lock at dusk and open at dawn. Staff also undertake a security check. The service utilises security cameras throughout the facility, in the hallways, communal areas and at the main entrance. There is security lighting installed outside. Breaches of security are escalated to the RN on duty and the village manager. Visitors and contractors sign in at reception. Staff are identifiable.

Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.	FA	Infection prevention and antimicrobial stewardship (AMS) is an integral part of the quality programme, which is linked to the strategic plan, to ensure the environment minimises the risk of infection to residents, staff, and visitors. The infection prevention programme is reviewed annually by clinical governance group and then sent out to all villages for review before being completed. There is an infection prevention steering group which feeds into the Clinical Governance Group. Infection prevention audits are conducted. Infection rates are presented and discussed at quality, infection prevention, and staff meetings. Infection prevention data is also sent to support office where it is reported regularly at Board meetings. The data is also benchmarked with other Arvida villages. Results of benchmarking are presented back to the villages electronically and results discussed with staff. This information is also displayed on staff noticeboards. Significant events are managed appropriately and receive the appropriate level of organisational support. Expertise in infection prevention and antimicrobial stewardship can be accessed via Health New Zealand, and they have the support of the head of clinical governance and head of clinical quality. Infection prevention and antimicrobial stewardship resources are accessible. Any significant events are managed using a collaborative approach involving the infection prevention team, the general practitioner, and the public health team. The infection prevention programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service.
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.	FA	The clinical manager is the infection prevention coordinator and coordinates the implementation of the infection prevention programme and antimicrobial stewardship (AMS). The Infection prevention coordinator's, responsibilities and reporting requirements are defined in the infection prevention job description. The service has a pandemic response plan (including Covid-19) which details the preparation and planning for the management of lockdown, screening transfers to the facility and positive tests. The infection prevention coordinator has

As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.		completed internal infection prevention training and has completed a decision-making infection prevention assessment course. There is external support from the general practitioner, plus Arvida Group support office. There is ample personal protective equipment (PPE). Extra PPE can be accessed as required. The infection prevention manual outlines a comprehensive range of policies procedures and guidelines. The infection prevention programme has been approved by the management team and Board. The infection prevention programme is discussed at clinical and staff meetings. Infection prevention data is included in the monthly quality reports, which are discussed at Board level. The infection prevention manual includes a comprehensive range of policies, standards, and guidelines. This includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by the organisational infection prevention team regularly to ensure compliance with standards and regulations. Policies are available to staff. The pandemic response plan is clearly documented to reflect the current expected guidance from Health New Zealand. The infection prevention coordinator, interviewed, described the pandemic plan, and confirmed the implementation of the plan proved to be successful at the times of an outbreak. The infection prevention resources were readily accessible to support the pandemic plan if required. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection prevention policies and practices. The infection prevention audits monitor the effectiveness of education and infection prevention practices. The infection prevention coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. The service has infection prevention information available in te reo Māori. The infection prevention coordinators and staff are aware of the need to work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention,

		acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed understood cultural considerations related to infection prevention practices. Policies and procedures are in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. There are procedures to check these are monitored through the internal audit system. Infection prevention is part of facility meetings. The management team described a clear process of involvement, should there be plans for development and ongoing refurbishments of the building. Infection prevention is part of facility meetings. The infection prevention coordinator is committed to the ongoing education of staff and residents, as outlined in interview, documented within the staff training schedule, and described in infection prevention policies. Infection prevention is part of staff orientation and included within the mandatory staff training schedule. Staff have completed hand hygiene, standard precautions, and personal protective equipment training. Resident education occurs as part of the daily cares. Family/whānau are kept informed of extra precautions required or outbreaks and updated through emails and phone calls. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.	FA	The service has an antimicrobial stewardship policy and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The AMS programme is approved by the clinical governance group. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the bimonthly quality improvement meetings. Any areas for improvement are evaluated for progress. Laboratory diagnostic testing reports are reviewed, and residents are prescribed appropriate antibiotics according to the sensitivity results.

		The infection prevention coordinator works in tandem with the general practitioner to ensure best practice strategies are implemented. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	FA	Infection surveillance is an integral part of the infection prevention programme. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into electronic infection logs. The monthly infection summary (report extracted from the electronic quality system) includes all infections, including organisms and ethnicity. This data is monitored and analysed for trends and patterns by the infection prevention coordinator and is included in the monthly report to the Board. Infection prevention and surveillance is discussed at bimonthly quality improvement meetings, as confirmed by staff interviewed and review of staff meeting minutes. Any concerns are reported to the clinical governance group. Short-term care plans are utilised for residents with infections. Internal infection prevention audits are completed, with corrective actions for areas of improvement. Clear, culturally safe communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare-acquired infection. The service receives information from Health New Zealand services for any community concerns. The infection prevention coordinator described developing action plans where required for any infection rates of concern. There has been no outbreaks since the previous audit.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and	FA	There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. The cleaning trolleys are stored in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves,

environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.		aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are sluice rooms in each area with a sanitiser, stainless steel bench and separate handwashing facilities are available. Eye protection and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. Linen and personal clothes are laundered on-site by dedicated laundry staff seven days a week. There are defined areas for clean and dirty laundry, and a dirty-to-clean flow is evident in the laundry area. Kitchen linen and mop heads are also done on-site at separate times to resident clothes and linen. There are sufficient commercial washing machines and dryers. The washing machines and dryers are checked and serviced regularly. Material safety data sheets are available, and all chemicals are within closed systems. There is a safe process of handling and transporting dirty linen from the rooms, laundry bags to the laundry. Resident clothes are delivered to residents' rooms in named baskets. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted was in good condition. There are dedicated cleaners on seven days a week. Cleaning schedules have been maintained for daily and periodic cleaning. All chemicals on the cleaning trolley were labelled. Appropriate personal protective clothing was readily available. The staff (two cleaners and laundry assistant) interviewed had good knowledge about cleaning processes and infection prevention requirements. There were cleaning and laundry audits completed as per the schedule that evidence compliance. The infection prevention coordinator provides support to maintain a safe environment during construction, renovation, and maintenance activities.
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	FA	The policy and procedures for restraint elimination and safe practice specify Rhodes on Cashmere is committed to providing a restraint-free environment to the best of their ability. This is supported by the governing body, management, and staff. The policy requires that the facility works in partnership with Māori, to ensure resident voices are heard, and ensure services are mana enhancing when restraint is

ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.		considered. At the time of the audit there was no restraint being used at Rhodes on Cashmere. The restraint coordinator is the clinical manager. A job description is in place for the restraint coordinator role. The head of clinical quality oversees the restraint practice with the support of the restraint committee. Monthly reports to the head of clinical quality show there is no use of restraint and training is up to date. Training records demonstrate staff receive annual education on restraint elimination, responding to distressed behaviour, and de-escalation techniques.

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.