

CHT Healthcare Trust - CHT Cascades

Introduction

This report records the results of a Provisional 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: | CHT Healthcare Trust |
| Premises audited: | CHT Cascades |
| Services audited: | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care) |
| Dates of audit: | Start date: 11 May 2026 End date: 12 May 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: | 66 |

Executive summary of the audit

Introduction

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

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

General overview of the audit

The Arvida Cascades Retirement Resort (to be known as CHT Cascades post sale) provides rest home and hospital level care (medical and geriatric services) for up to 106 residents, with 74 dual-purpose beds in the care centre, and up to 32 serviced apartments certified to provide rest home level care. There were 66 residents on the day of audit.

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

The village manager is supported by a clinical manager, a clinical coordinator, and a team of experienced staff. There are various groups in the Arvida support office, who provide oversight and support to village managers.

There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The prospective buyer, CHT Healthcare Trust, has extensive experience in the aged care industry, including running 21 other care facilities. CHT Healthcare Trust has a documented plan to transition to their quality assurance programme, systems, and processes.

This provisional audit identified the service meets the Standard.

Ō tātou motika | Our rights

The Arvida Cascades Retirement Resort provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health, and provide high-quality and effective services for residents. The service partners with Pacific communities to encourage connectiveness.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed.

Hunga mahi me te hanganga | Workforce and structure

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits and collation of data are all documented as taking place as scheduled, with corrective actions as indicated. A health and safety programme is implemented. Hazards are managed appropriately.

There are human resources policies including recruitment, selection, orientation, and staff training and development. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support, and external training is supported. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

The admission agreement and information package are provided to residents and family/whānau prior to, or on entry to the service. The clinical manager, clinical coordinator, and the nursing team, oversee clinical service delivery. The nursing team completes assessments, develops and reviews care plans in partnership with residents and family/whānau. Care plans sampled reflect integrated service delivery and were reviewed at least six-monthly. Resident records include documentation from the general practitioners, nurse practitioners, and allied health professionals involved in the residents' care.

The wellness lead develops and implements a varied and meaningful activities programme. The programme includes outings, entertainment, and activities that are responsive to residents' individual interests, preferences, and recreational needs.

Medication management policies and procedures align with current legislative requirements and accepted guidelines. Medicines are administered by staff who have completed medication competencies. Medication charts reviewed met prescribing requirements and had been reviewed by the general practitioners and nurse practitioners at least three-monthly.

Residents' food preferences, cultural needs, and dietary requirements are identified on admission, and accommodated within the meal service. Meals are prepared and cooked on site. The service maintains a current food control plan.

Discharge and transfer processes are planned and coordinated to support continuity of care.

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

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating and shade. All rooms have full en-suites, with adequate provision of additional communal resident, visitors, and staff toilets throughout the facility. Resident rooms are personalised.

Documented systems are in place for essential emergency services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents. Security checks are performed by staff at the main doors, and gates are on restricted entry after hours.

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

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers, and visitors. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation, and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. 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. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic response plans are in place, and the service has access to personal protective equipment supplies. There have been no outbreaks since the last audit.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. 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

Restraint elimination and safe practice policies and procedures are in place. Restraint elimination is overseen by the restraint coordinator, who is the clinical coordinator. The facility is restraint free. It would be considered as a last resort, only after all other options were explored. Staff attend annual training around restraint elimination and challenging behaviour.

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 |
|--|-------------------|--|
| <p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p> | <p>FA</p> | <p>A Māori health plan is documented for the service. The Māori health plan is guided by the requirements of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021. The policy 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. Areas of focus have been identified in the Māori health plan, using Te Whare Tapa Whā as the tool to assist in their delivery of services for Māori, which reflects the four cornerstones of Māori health.</p> <p>The Arvida Cascades Retirement Resort (referred to The Cascades Retirement Resort) is committed to respecting the self-determination, cultural values, and beliefs of Māori residents, family/whānau, as evidenced in interviews with Māori staff members, and documentation.</p> <p>The village manager and head of specific departments interview all suitably qualified Māori applicants when they apply for employment opportunities at The Cascades Retirement Resort. At the time of the audit, there were staff members who identified as Māori. The business plan documentation confirms the service is embedding and enacting Te Tiriti o Waitangi within the service, welcoming, recognising and</p> |

| | | |
|---|-----------|---|
| | | <p>supporting Māori employees and residents. Thirteen staff were interviewed (three wellness partners (caregivers), two registered nurses (RN), one wellness leader, one kitchen manager, one maintenance coordinator, one maintenance supervisor, one receptionist/administrator, one housekeeper, and two laundry assistants), and all confirmed that all cultures are treated equally and welcomed to the workplace.</p> <p>Arvida Group is dedicated to partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. Arvida has a Māori Advisory Group which 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.</p> <p>The service currently has residents who identify as Māori. All staff have access to relevant tikanga guidelines. Te reo Māori is encouraged to be used in general conversations, orally and written in email greetings. Management have participated in te reo Māori training and education.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. The registered nurses, wellness partners and clinical manager were able to describe how care is based on the resident's individual values, preferences, and beliefs.</p> |
| <p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p> | <p>FA</p> | <p>On admission, all residents state their ethnicity. There were no residents who identified as Pasifika. Management interviewed advised that family/whānau of Pacific residents would be encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs are documented for all residents in their care plan and activities plan. Resident's family/whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service, and recognition of cultural needs.</p> <p>The Pacific Way Framework (PWC) is the chosen model for the Pacific health plan and Mana Tiriti Framework. The organisation has</p> |

| | | |
|--|-----------|--|
| | | <p>developed a meaningful and collaborative working relationship with Pacific communities to produce their Pacific health plan. The Cascades Retirement Resort has links with the local Pacific community through current staff members who identify as Pasifika.</p> <p>The management team (village manager, clinical manager, and head of clinical quality) were able to confirm how The Cascades Retirement Resort is increasing the capacity and capability of the Pacific workforce through equitable employment processes. This was confirmed through review of employment documentation, and the recruitment process.</p> <p>Interviews with six residents (two rest home, four hospital) and four family/whānau (hospital level) identified that staff put residents, family/whānau, and the community at the centre of their services.</p> |
| <p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p> | <p>FA</p> | <p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The clinical coordinator or clinical manager discuss aspects of the Code with residents and their family/whānau on admission. Discussions relating to the Code are also held during the monthly resident/family/whānau meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>There are links to spiritual supports. Church services are held monthly, shared between the various denominations. All residents are invited and supported to attend if they so wish. Information about the Nationwide Health and Disability Advocacy Service is available to residents. Staff receive education in relation to the Code at orientation, and through the education and training programme, which includes (but is not limited to) understanding the role of advocacy services, and maintaining dignity, respect, and autonomy. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination,</p> |

| | | |
|---|-----------|---|
| | | <p>independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</p> <p>Interview with the prospective owner confirmed residents' rights will continue to be upheld. The prospective owner interviewed knows and understands the Code, and that it must be adhered to as per policy.</p> |
| <p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p> | <p>FA</p> | <p>Clinical staff members interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice and examples were provided. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction survey results published in February 2025 and 2026 confirmed that residents and family/whānau are very satisfied, with a net promoter score (NPS) of 33, and 45, respectively. This was also confirmed during interviews with residents and family/whānau.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed 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 beliefs information is gathered on admission with relative's involvement, and is integrated into the residents' care plans.</p> <p>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. This holistic approach, using five pillars of wellness, requires the care team to understand each resident's individual preferences, habits, and routines. The organisation is actively encouraging the use of te reo Māori, implementing the kia ora</p> |

| | | |
|--|-----------|--|
| | | <p>challenge, implementation of signage that reflect the use of te reo Māori, and are sharing knowledge around the values underpinning tikanga principles. Culturally inclusive care training includes modules on Te Tiriti o Waitangi, normalising te reo Māori, tikanga Māori, cultural safety and bias in healthcare, and equity 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 enable their participation in te ao Māori, evidenced through the Māori health plan, and interviews with staff and residents.</p> |
| <p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p> | <p>FA</p> | <p>An abuse, neglect and discrimination policy is implemented. The staff handbook provided at orientation describes guidelines to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to celebrate diversity. House rules are discussed with staff during their induction to the service, that address harassment, racism, and bullying. Staff sign to acknowledge their understanding of these house rules. Training on workplace conduct, bullying and harassment is contained in the online training platform, accessible to all staff. Employment processes reviewed evidence staff are held accountable for their workplace conduct through a fair employment performance review process, with support from the regional managers, the legal team, and people team.</p> <p>The organisation is also raising awareness and educating staff on institutional racism and equity through in-services with the cultural consultant. They encourage an individualised approach to care to ensure each person's values, routines and habits reflect any cultural considerations (ethnicity, sexual orientation, gender, and socio-economic status).</p> <p>The Arvida values actively encourage an attitude to care, which include fairness, acting with integrity and authenticity, innovation, a can-do attitude, being nimble, flexible, and passionate. These values align closely with Te Tiriti o Waitangi principles, equity, and help to challenge discrimination.</p> |

| | | |
|--|-----------|---|
| | | <p>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 residents, showing them respect and dignity. All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The Attitude of Living Well model of care with the five pillars of wellness is based around promoting residents' strengths, and encouraging autonomy and independence for all residents.</p> |
| <p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p> | <p>FA</p> | <p>Information is provided to residents and family/whānau on admission. Monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>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. This is also documented in the resident's progress notes. The accident/incident forms reviewed identified family/whānau are kept informed. Family/whānau interviewed stated that they are kept informed when their family member's health status changes, or if there has been an adverse event.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English. However, The Cascades Retirement Resort has appropriate communication strategies in place for staff members, should any resident require support.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident, should they wish to do</p> |

| | | |
|--|-----------|---|
| | | <p>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.</p> <p>The service communicates with other agencies that are involved with the resident, such as hospice, and specialist services. The delivery of care includes a multidisciplinary team, and residents and family/whānau provide consent, and are communicated with in regard to services involved. Clinical review meetings are held weekly. The management team described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> |
| <p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p> | <p>FA</p> | <p>There are policies around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Nine electronic resident files were reviewed, and written general consents sighted for outings, photographs, release of medical information, medication management, and medical cares were included, and signed as part of the admission process. Specific consent had been signed by the resident or activated enduring power of attorneys (EPOA) for procedures such as vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision.</p> <p>An advance directive policy is in place. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the GP had made a medically indicated resuscitation decision. There was documented evidence of</p> |

| | | |
|--|-----------|---|
| | | <p>discussion with the EPOA. Discussion with family/whānau confirms that the service actively involves them in decisions that affect their relative's lives. Discussions with clinical staff confirms their understanding of the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training around the Code, informed consent, and EPOAs is a mandatory topic delivered and completed as per schedule, via the electronic learning system (Altura).</p> <p>The service follows relevant best practice tikanga guidelines. Staff interviewed and documentation reviewed evidence staff consider the residents' cultural identity and acknowledge the importance of family/whānau input during decision making processes and planning care.</p> |
| <p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p> | <p>FA</p> | <p>The complaints procedure is provided to residents and family/whānau on entry to the service. The village manager maintains a record of all complaints, both verbal and written, using a complaint register. This register is stored electronically, and in hard copy.</p> <p>There have been four complaints in 2025 year to date following the previous audit in July 2025. The external complaint received in April 2025 via the Health and Disability Commissioner (HDC), which was reviewed at the previous audit is still open, and the service is waiting for further contact. There have been no external complaints received since the previous audit. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints, and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Monthly resident meetings are chaired by the wellness leader. The village manager, and/or clinical manager are present</p> |

| | | |
|--|-----------|---|
| | | <p>during a portion of the meeting. Family/whānau confirmed during interview the management team are available to listen to concerns, and acts promptly on issues raised.</p> <p>Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreter contact details are available.</p> <p>The prospective buyer is aware of the complaints process and timeline for responding to complaints.</p> |
| <p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | <p>FA</p> | <p>The Cascades Retirement Resort is part of the Arvida Group. The service provides rest home and hospital level care (medical and geriatric services) for up to 106 residents, with 74 dual-purpose beds in the care centre, and up to 32 serviced apartments certified to provide rest home level care. The service is currently not providing rest home level care in the apartments, but they remain certified to do so.</p> <p>On the day of the audit, there were 66 residents: 22 rest home residents, including three residents on respite, and one resident funded by the accident compensation corporation (ACC); 44 hospital level residents, including two residents on a younger person with a disability (YPD) contract, and one resident on an end of life (EOL) contract. All residents, other than the respite, ACC, YPD, and EOL funded resident, were under the age-related residential care contract (ARRC).</p> <p>Arvida Group has a well-established organisational structure. There is an overall Arvida Group Living Well Community Business Plan for each village, which links to the Arvida vision, mission, values, and strategic direction. The overall goal is to engage the resident as a partner in care; this puts the resident at the centre of care, directing care where they are able, and being supported by and with family/whānau as much as practicable. This is reviewed each year, and villages are encouraged to develop their own village specific goals in response to their village community voice. Each village manager is</p> |

| | |
|--|--|
| | <p>responsible to ensure the goals are achieved, and record progress towards the achievement of these goals.</p> <p>Arvida Group's Board of Directors are experienced and provide strategic guidance and effective oversight of the executive team. Term of reference for roles and responsibilities are documented in the Business Charter. The Arvida executive team oversees the implementation of the business strategy and the day-to-day management of the Arvida Group Business. The Arvida Group comprises of eight experienced executives. The chief executive officer (CEO) and chief financial officer (CFO) have all been inducted in their role. There are various groups in the support office who provide oversight and support to village managers, including the wellness and care team, operations team, finance team, village services team, and support partners (now regional managers).</p> <p>Village managers have overall responsibility, authority, and accountability for service provision at the village, with support from three regional managers (previously Arvida support partners) providing mentoring and reporting through to the senior leadership, executive team, and the Board. Arvida Group ensure the necessary resources, systems, and processes are in place that support effective governance. The Board receives progress updates on various topics, including benchmarking, escalated complaints, human resource matters, infection outbreaks, and occupancy. Residents and family/whānau feedback are used to plan, implement, monitor, and evaluate the service delivery at The Cascades Retirement Resort.</p> <p>The executive team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity, and cultural safety. There is a clinical governance group that is responsible for the Arvida Group's overall clinical governance. Arvida has a contracted Māori consultant who has been integral in development of the Māori Health plan, updating policies to ensure these are culturally relevant, and education with staff at all levels, to ensure an increased awareness in cultural safety.</p> <p>The clinical governance group consists of the head of clinical governance (chair), GM wellness and care (responsible for strategic direction), head of clinical quality, operation representation, village manager and clinical manager representative, expert resident, and</p> |
|--|--|

| | |
|--|--|
| | <p>wellness leader representative. Clinical governance ensures a coordinated approach to defining and engaging with quality and ensuring the standards are met. Reports from the Clinical Governance Group are incorporated into regular reports to the chief executive officer (CEO).</p> <p>The overarching strategic plan has clear business goals to support their philosophy of 'to create a great place to work where our people can thrive'. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The overall strategic goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural diversity of the communities that they serve. Strategic direction and goals are regularly reviewed. The working practices at The Cascades Retirement Resort are holistic in nature, inclusive of cultural identity, spirituality, and respect the connection to family/whānau and the wider community as an intrinsic aspect of wellbeing. There is a Māori Advisory Group, which has confirmed terms of references available and support any cultural issues arising from the villages, and consult on matters where policy or practice change may be required.</p> <p>The Arvida Living Well Community FY2026 business plan is specific to The Cascades Retirement Resort and describes specific and measurable goals that are regularly reviewed and updated. Site specific goals relate to team engagement, resident satisfaction, and financial performance. Quality improvements are documented around environmental improvements, communication pathways, and delivering a food experience. The business plan describes annual goals and objectives that support outcomes to achieve equity for Māori, addressing barriers for Māori, and improved health outcomes for Māori and tāngata whaikaha. Cultural safety is embedded within the documented quality programme and staff training.</p> <p>Through implementation of the Attitude of Living Well framework, and quality management framework, the goal is to ensure a resident-led culture, where the resident engages in all aspects of their life, and staff are respectful of the resident's preferences, expectations, and choices, recognising that the resident and family/whānau must be at the heart of all decision making. Every staff member is expected to be</p> |
|--|--|

| | | |
|--|--|---|
| | | <p>active in implementing the Attitude of Living Well model, and to participate in the quality programme to support a resident centric environment.</p> <p>The clinical manager (registered nurse) has been employed since February 2025, and has extensive experience in both acute, and aged care management roles.</p> <p>The village manager (employed since July 2025) has extensive healthcare management experience and oversees the implementation of the quality plan. The clinical manager role is responsible for regular reporting to the village manager, that includes infection control, analysis of adverse events, and summaries of clinical risk. The village manager and clinical manager are supported by a clinical coordinator, and an experienced care team.</p> <p>The head of clinical quality was actively present on site, supporting the team to ensure the service delivery and clinical effectiveness at The Cascades Retirement Resort maintains their high standards, as expected from the Arvida Group.</p> <p>The village manager and clinical manager have completed professional development activities in excess of eight hours annually, related to managing an aged care facility.</p> <p>The prospective buyers are CHT Healthcare Trust (CHT), who are an experienced aged care provider. The organisation currently own and operate 21 care facilities, and have extensive experience in the sector. There is a documented transition plan with timeframes to implement their own policies and procedures.</p> <p>The directors have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, 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.</p> <p>The prospective buyer has entered into a conditional sale and purchase agreement for the purchase of The Cascades Retirement Resort. At the time of the audit, the proposed settlement date is 30 June 2026. Health New Zealand has been informed of the planned</p> |
|--|--|---|

| | | |
|--|----|---|
| | | transfer of ownership. |
| <p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p> | FA | <p>The Cascades Retirement Resort has effective quality and risk management programmes in place and links to the business plan. Quality monitoring systems include performance monitoring through internal audits and through the collection of clinical indicator data and health and safety data using electronic systems. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. New policies or changes to policy are communicated to staff.</p> <p>Regular quality (improvement) meetings, clinical, and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on the staff noticeboard. Corrective actions are discussed at quality meetings, to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Results from the resident and family/whānau satisfaction surveys (sighted) were positive. Results were communicated to staff, residents and family/whānau, evidenced in meeting minutes. The results evidence residents are satisfied with the care they receive.</p> <p>The Arvida health and safety programme is ACC accredited through Wellness NZ. All staff are made aware of how to report an accident/incident as part of their induction online learning modules. There is a dedicated health and safety electronic system, and all staff are provided with a login into the electronic system during their orientation. The village manager and heads of department attend the monthly health and safety national group meeting and feeds back data, trends and learning to the other health and safety representatives. The health and safety committee is representative of</p> |

| | | |
|---|-----------|---|
| | | <p>all departments in the facility. Hazard identification forms and an up-to-date hazard register were sighted. Staff and external contractors are orientated to the health and safety programme. Health and safety is discussed in staff and quality meetings.</p> <p>Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in the electronic accident/incident forms reviewed. Incident and accident data is collated monthly and analysed using the electronic resident management system and performance dashboard.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications, including reporting requirements as per Health Quality and Safety Commission. There have been two Section 31 notifications sent to HealthCERT as required. There have been nine Severity Assessment Code (SAC) reports submitted to the Health Quality and Safety Commission as required.</p> <p>Culturally inclusive care training including modules on Te Tiriti o Waitangi, normalising te reo Māori, tikanga Māori, cultural safety and bias in healthcare, and equity training is covered in the staff education and training plan, to ensure a high-quality service is provided for Māori. An electronic dashboard is available, where all quality data and benchmarking are visualised in real time, to support critical analysis of organisational practices, and identify areas for improvement. Quality goals are documented and reviewed quarterly.</p> <p>The prospective purchaser will continue with the established and implemented quality and risk management programmes at The Cascades Retirement Resort initially and will look to embed their system in late July. It is anticipated this will have minimal impact on staff and residents, as all quality systems and policies currently in use are very similar to those of CHT.</p> |
| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> | <p>FA</p> | <p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate cover for the effective delivery of care and support.</p> |

| | |
|---|--|
| <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | <p>Staffing rosters were sighted and there is staff on duty to match needs of different shifts. The management team confirmed there are sufficient staff to cover unplanned leave to provide sufficient cover. Separate cleaning staff and laundry staff are employed seven days a week. The village manager and the clinical manager work 40 hours per week from Monday to Friday. In the temporary absence of the village manager, the clinical manager will perform the manager's role.</p> <p>The village manager, clinical manager, and clinical coordinator are rostered to provide on call after hours. There is at least one RN on shift at all times. Extra staff can be called on for increased resident requirements. Interviews with staff, residents and family/whānau members confirmed there are sufficient staff to meet the needs of residents.</p> <p>Staff and residents interviewed confirm they are informed when there are changes to staffing levels. Residents and family/whānau interviewed stated that any care requirements are attended to in a timely manner.</p> <p>There is an education and training schedule being implemented. Topics are offered electronically. Each topic includes a competency questionnaire. All staff are required to complete competency assessments as part of their orientation. Registered nurses' complete competencies, including (but not limited to): medication administration; syringe driver; and the interRAI assessment competency. All clinical staff are required to complete annual competencies, cultural competencies and bi-annual moving and handling and restraint competency. A selection of wellness partners have completed medication administration competencies to support the RNs. A record of completion is maintained on an electronic register.</p> <p>The education and training schedule lists all annual/mandatory topics for the calendar year, and is specific to the role and responsibilities of the position. The education and training includes cultural training. Cultural awareness training is part of orientation and provided annually to all staff. Staff and quality meetings provide a forum to encourage collecting and sharing of high-quality Māori health information.</p> <p>There are 53 wellness partners employed in total. The Cascades Retirement Resort supports all employees to transition through the</p> |
|---|--|

| | | |
|---|-----------|--|
| | | <p>New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. Forty-one wellness partners have achieved either a level three or level four NZQA qualification.</p> <p>There are 16 RNs and one enrolled nurse (EN), excluding the clinical manager and clinical coordinator. Five have completed interRAI training.</p> <p>In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Staff wellbeing programmes include a confidential counselling service for staff to access for advice and support facilitated by Wellness New Zealand and EAP. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture.</p> <p>The prospective purchaser provided confirmation that there are no immediate plans to do any staff changes. They plan to provide all staff with education and training, continuing with mandatory education, and transitioning to their training plan in mid-August 2026.</p> |
| <p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p> | <p>FA</p> | <p>There are human resources policies in place, including recruitment, selection, orientation, staff training and development. Ten staff files evidenced implementation of the recruitment process, employment contracts, police checking, and completed orientation programmes.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. There is an appraisal policy implemented.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. All staff complete a comprehensive induction, which includes a training in the Attitude of Living Well (which focuses on resident led care). Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs, and wellness partners</p> |

| | | |
|---|-----------|--|
| | | <p>(caregivers) to provide a culturally safe environment to Māori.</p> <p>Volunteers are utilised, and an orientation programme and policy for volunteers is in place.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>Following any staff incident/accident, evidence of debriefing, support, and follow-up action taken are documented. Wellbeing support is provided to staff. Currently Arvida supports an employee assistance programme across all its sites, which is available to all staff.</p> <p>The prospective owners will transition to their own recruitment process, which is very similar to the one used currently.</p> |
| <p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p> | <p>FA</p> | <p>Resident files and the information associated with residents and staff are retained electronically. Electronic information is backed up and individually password protected. Hard copy resident files are stored securely in locked offices and cupboards. There is a process for older files to be sent off site for archiving as per policy, when this becomes relevant. Documents can be scanned and uploaded on the electronic resident management system (eCase) for reference.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented (electronically) include links to the name and designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p> <p>The prospective buyer plans to maintain current methods of collection, storage, and use of health information, with continued use of an electronic resident management system, transitioning from the current</p> |

| | | |
|---|----|---|
| | | system (eCase) to the VCare system following takeover. |
| <p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p> | FA | <p>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.</p> <p>Nine admission agreements reviewed align with contractual requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated they received the information pack and sufficient information prior to and on entry to the service. Admission criteria are based on the assessed need of the resident, and the contracts under which the service operates.</p> <p>The clinical manager and the nursing team are available to answer any questions regarding the admission process, and a waiting list is managed. The service openly communicates with potential residents and family/whānau during the admission process, and declining entry would be if the service had no beds available, or could not provide the level of care required. Potential residents are provided with alternative options and links to the community, if admission is not possible.</p> <p>The service collects ethnicity information at the time of enquiry from individual residents. The service has a process to combine the collection of ethnicity data from all residents, and the analysis of the same for the purposes of identifying entry and decline rates that are ethnicity focused. The analysis of ethnicity data is documented in the monthly quality report developed by the clinical manager, and is included in the monthly reports.</p> <p>The service is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and liaison with the Māori Advisory Group, kaumātua, and local iwi.</p> |
| <p>Subsection 3.2: My pathway to wellbeing</p> | FA | <p>Nine resident files were reviewed during the audit. This included four</p> |

| | |
|---|--|
| <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p> | <p>residents receiving rest home level care, comprising one respite resident, and one resident funded under the Accident Compensation Corporation (ACC); and five residents receiving hospital level care, including one younger person with a disability (YPD), and one resident receiving end-of-life care. The nursing team is responsible for completing assessments and developing care plans. Residents and family/whānau interviewed confirmed their involvement in the assessment, care planning, and review processes, which was evidenced in the records reviewed.</p> <p>Admission assessment information and initial care plans are completed for all residents at the time of admission. All files reviewed, excluding the ACC and YPD residents, included completed interRAI assessments. The records reviewed evidenced that initial interRAI assessments and long-term care plans were completed within required timeframes.</p> <p>Residents and family/whānau interviewed confirmed that appropriate interventions are implemented and developed in response to residents' assessed needs. Assessment tools reviewed reflect consideration of residents' lived experiences, cultural needs, values, and beliefs. The clinical manager (CM) and registered nurse reported that the service utilises goal-oriented long-term care plans. Care plans documented residents' activities of daily living, required supports, and identified health needs. Residents had documented activities of choice, and are supported by staff to participate in activities of interest.</p> <p>Interviews and documentation reviewed evidence that residents and family/whānau are informed of, and involved in, changes to care where appropriate. Residents and family/whānau interviewed confirmed their participation in the evaluation of progress, and any subsequent changes to care planning. Staff interviewed were able to clearly describe the interventions implemented to support residents in achieving their goals, and maintaining their overall health and wellbeing. Behaviours that challenge are monitored and recorded on the behaviour monitoring charts.</p> <p>A general practitioner (GP) or nurse practitioner (NP) completes an initial medical assessment within five working days of admission. Residents are reviewed by the GP or NP at least three-monthly, or more frequently as clinically indicated. The GP provides an after-hours</p> |
|---|--|

| | |
|--|--|
| | <p>on-call service, and visits the facility at least twice weekly. The clinical coordinator or clinical manager is available 24/7 to provide clinical support and decision-making as required.</p> <p>The GP interviewed expressed satisfaction with the standard of care provided and the competence of the registered nurses. Referrals to specialist services are initiated when required. Allied health input is documented and integrated into residents' care plans. The service contracts an independent physiotherapist for 15 hours per week. Dietitian input is available through the Arvida dietitian service as required. A podiatrist visits every six to eight weeks, and continence advisors, hospice services, and wound care specialists are accessed as needed.</p> <p>Short-term care plans are developed for acute conditions, regularly reviewed, and closed when the identified condition had resolved. Goals documented within the care plans reflect residents' identified strengths, aspirations, values, and beliefs. Evaluations evidence residents' progress towards achieving agreed goals. Care plans include detailed strategies to support and maintain residents' independence and wellbeing. The CM reported that referrals to external agencies for behavioural support are initiated as required.</p> <p>Staff reported that sufficient and appropriate information was communicated at each handover. Handover processes are conducted across all three floors of the service. Staff interviewed stated they receive daily updates regarding residents' current conditions and care needs. A multidisciplinary approach is evident and supports continuity of care and service delivery. This includes involvement from the GP, NP, registered nurses, physiotherapists, activities staff, kitchen staff, wellness partners, allied health professionals, residents, and family/whānau. Changes in residents' conditions are reported to the CM, clinical coordinator, registered nurses, NPs, and GP, as evidenced in the records reviewed.</p> <p>Monitoring charts are completed to support the assessment and ongoing monitoring of residents. Monitoring charts include: weight monitoring; blood glucose monitoring; behaviour monitoring; bowel charts; and food and fluid intake and output charts. Neurological observations are completed following unwitnessed falls or head injuries. Incident reports reviewed evidence timely nursing</p> |
|--|--|

| | | |
|--|-----------|--|
| | | <p>assessment, follow up, and management.</p> <p>Adequate wound care supplies were sighted in the treatment rooms. Wound management policies and procedures are implemented to guide practice. At the time of the audit, there were 43 active wounds, including seven pressure injuries, comprising three stage I pressure injuries, two stage II pressure injuries, and two suspected deep tissue injuries. There were also 23 chronic wounds and 13 minor wounds being managed.</p> <p>Electronic wound care plans included wound assessments, management plans, evaluations, and supporting photographic documentation. Input into chronic wound management was provided by the Health New Zealand specialist wound nurse, GP, and NP. Registered nurses and wellness partners interviewed confirmed that adequate clinical equipment and supplies are available, including continence products, wound care resources, and pressure injury prevention equipment. Continence specialist support is available as required.</p> <p>Barriers that may prevent whānau of tāngata whaikaha from independently accessing information are identified, and strategies to address these are documented within residents' care plans. The service supports Māori residents and whānau to identify their own pae ora outcomes within care and support planning processes, where applicable. The Māori health plan includes a commitment to achieving equitable health outcomes for Māori.</p> |
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p> | <p>FA</p> | <p>The activities programme is based on five wellness pillars: eating well, engaging well, moving well, resting well, and thinking well. A wellness leader coordinates the activities programme, which is supported by wellness partners within each respective wing.</p> <p>The activities programme is planned on a monthly and weekly basis. Weekly activity calendars are displayed in large print on noticeboards, and residents also receive copies of the monthly programme for their rooms. The wellness leader provides opportunities for residents to participate in te ao Māori through the incorporation of te reo Māori in singing, entertainment, and craft activities, and through participation in</p> |

| | | |
|-------------------------------|----|--|
| | | <p>events, such as Waitangi Day, Te Wiki o te Reo Māori, and Matariki. Multicultural events and celebrations, including Chinese New Year, Diwali, and Pasifika theme days, are also incorporated into the programme.</p> <p>Activities are designed to meet residents' cognitive, physical, intellectual, and emotional needs. Residents who prefer to remain in their rooms, or who are unable to participate in group activities, receive one-on-one interactions to ensure their social and recreational needs are supported. The activities programme is varied and appropriate for residents receiving rest home, hospital, younger person with a disability (YPD), and respite levels of care.</p> <p>Residents' social and cultural profiles documented within the residents' records included past hobbies, current interests, likes and dislikes, career history, and family/whānau connections. A social and cultural care plan is developed on admission, and reviewed six-monthly in conjunction with the long-term care plan review process. Residents are encouraged to participate in activities that were meaningful and appropriate to their preferences and abilities. Attendance records are maintained for activities, entertainment, and outings.</p> <p>Activities available include exercises, newspaper reading, music and movement, crafts, games, quizzes, entertainers, board games, hand pampering, bingo, and happy hour. Regular van outings are organised, including visits to shops and cafés. Church services, communion, and entertainment are also provided. Residents have access to animal interaction through the facility's cat, and weekly visits from a dog.</p> <p>Monthly resident meetings are held, and family/whānau are able to attend if desired. Residents and family/whānau also have opportunities to provide feedback on the activities programme during six-monthly care plan reviews. Residents and family/whānau interviewed stated that the activities programme is meaningful and engaging.</p> |
| Subsection 3.4: My medication | FA | Medication management policies and procedures were available to support safe medication management practices and aligned with |

| | | |
|--|--|--|
| <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | | <p>legislative requirements. Staff responsible for medication administration have completed annual medication competencies and received education in safe medication administration practices. Staff were observed administering medications safely and in accordance with policy. Nursing staff interviewed were able to clearly describe their roles and responsibilities related to medication management. All medications received from the pharmacy are checked against the medication charts on delivery, and any discrepancies identified communicated to the supplying pharmacy for follow up.</p> <p>Medications were stored securely in locked medication rooms and locked medication trolleys. Medication room and medication refrigerator temperatures are monitored daily, with records reviewed demonstrating temperatures remained within acceptable ranges. Weekly medication checks are completed, and opened eye drops are dated appropriately. Over-the-counter vitamins, supplements, and alternative therapies used by residents are reviewed and prescribed by the general practitioner or nurse practitioners. The effectiveness of pro re nata (PRN) medications is documented in the electronic medication management system and progress notes.</p> <p>A total of 16 electronic medication charts and two paper-based medication charts for respite residents were reviewed. The medication charts reviewed identified that the GP and NPs had reviewed all resident medication charts three-monthly, and each chart had photo identification and allergy status identified. No standing orders are in use. There were no residents self-administering medications. Competency assessments are available to be completed for any residents who wish to administer medications independently. Residents and family/whānau are updated on medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>Residents and their family/whānau are supported to understand their medicine when required. The GP stated that when requested by Māori, appropriate support and advice would be provided.</p> <p>Interview with the prospective purchaser confirmed the medication management system will remain unchanged.</p> |
|--|--|--|

| | | |
|--|-----------|---|
| <p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p> | <p>FA</p> | <p>The kitchen service complies with current food safety legislation and guidelines. The food service is managed by the food service manager, with support from a chef and kitchen assistants. Staff have completed relevant food safety training and have experience working within a kitchen environment. The food service manager reported that all meals and baking are prepared and cooked on site. Meals are prepared in accordance with recognised nutritional guidelines for older people.</p> <p>The food control plan expires on 14 June 2026. A registered dietitian, whom the organisation employs, reviewed the menu on 2 April 2026. Kitchen staff have current food handling certificates.</p> <p>Diets are modified as required, and the kitchen staff confirmed awareness of the residents' dietary needs. Residents have a nutrition profile developed on admission, identifying nutritional requirements, likes, and dislikes. All alternatives are catered for as required. There are specialised utensils available if required. The residents’ weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day, and at night when required.</p> <p>The kitchen and pantry were clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, chillers, fridges, and freezers are maintained. All food is delivered to the respective wings in scan boxes. All decanted food had records of use-by dates recorded on the containers, and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>Meal times were observed during the audit. Residents received the support they needed, and were given enough time to eat their meals in an unhurried fashion.</p> <p>The food service manager and chef reported that the service prepares food that is culturally specific to different cultures. This includes menu options that are culturally specific to te ao Māori. Also, 'boil-ups', hāngi, Māori bread, and pork were included on the menu, and these are offered to residents who identify as Māori when required.</p> |
|--|-----------|---|

| | | |
|--|-----------|--|
| | | <p>Interview with the prospective purchaser confirmed there will be no immediate changes made to the menu; however, they will transition to their external contracted kitchen services as soon as possible.</p> |
| <p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p> | <p>FA</p> | <p>Planned discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>The residents (if appropriate) and families/whānau were involved for all discharges and transfers to and from the service, including being given options to access other health and disability services and social support, or Kaupapa Māori agencies, where indicated or requested. The clinical manager explained that the transfer between services includes a verbal handover and completion of specific transfer documentation.</p> |
| <p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p> | <p>FA</p> | <p>All buildings and plants have been built to comply with legislation. The building warrant of fitness expires 16 March 2027. The environment is inclusive of peoples' cultures and supports cultural practices. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility using mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There are comfortable-looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their family/whānau to utilise are available inside and outside on the deck open area. The warrant of fitness for the facility van used to transport residents for outings was current.</p> <p>The planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The scales were checked annually. Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges.</p> <p>The service employs a maintenance supervisor and a maintenance</p> |

| | |
|--|---|
| | <p>coordinator, both of whom work 40 hours per week from Monday to Friday, and provide on-call support when required. Gardening services are provided by an external contractor for 20 hours per fortnight. Certified tradespeople carry out reactive maintenance where required. The environmental temperature is monitored, and processes are implemented to manage significant temperature changes.</p> <p>The service is situated across four levels. The basement level contains the main kitchen and laundry services. The ground floor accommodates the care centre, which includes 74 dual-purpose beds. The first, second, and third floors comprise serviced apartments. The ensembles are spacious and safely accessible with a hoist, as observed on the audit day. All ensembles have external windows to provide natural light, and have appropriate ventilation and central heating.</p> <p>The ground floor care centre is divided into two units. Unit one accommodates 42 beds, and unit two accommodates 32 beds. Each unit has a kitchenette, dining area, and lounge, where meals are served to residents. There are also nurses' stations, large dining and lounge areas, private areas, and quiet rooms. There is a call bell at the head of each bed space.</p> <p>All communal toilets and shower facilities have a system indicating whether they are engaged or vacant. All the washing areas have free-flowing soap and paper towels in the toilet areas.</p> <p>All areas are easily accessible to the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed reported being able to move around the facility, and staff assisted them when required. Activities take place in the activities lounge area on each floor.</p> <p>Residents' rooms are personalised according to their preferences. No residents shared a room. Rooms, shower rooms, and toilets are of a suitable size to accommodate mobility equipment. All rooms have external windows to provide natural light, appropriate ventilation, and heating.</p> <p>The grounds and external areas were well maintained. External areas are independently accessible to residents. All outdoor areas have seating and shade. Safe access is provided to all communal areas. No</p> |
|--|---|

| | | |
|---|-----------|---|
| | | <p>residents smoked on the audit days.</p> <p>The village manager, maintenance supervisor, and maintenance coordinator reported that when there is a planned development for new buildings, there shall be consultation and co-design of the environments to ensure that they reflect the aspirations and identity of Māori. Residents and family/whānau interviewed expressed a high level of satisfaction with the environment.</p> <p>The prospective purchaser has no immediate plans to change the environment.</p> |
| <p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p> | <p>FA</p> | <p>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible to staff. Civil defence planning guides the facility in preparing for disasters and describes the procedures to be followed in a fire or other emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand on the 7 December 2020. A trial evacuation drill was performed on 3 December 2025. The drills are conducted every six months and added to the annual training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and the main carpark area is the designated assembly point. An external contractor checks all fire equipment within the required timeframes. A civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency, including food, water, candles, torches, and two gas BBQs to meet the requirements for 74 residents, including rostered staff. A generator can be accessed when required. The amount of emergency water available met the National Emergency Management Agency recommendations for the region. Emergency lighting is available and is regularly tested. The registered nurses and a selection of wellness partners hold current first aid certificates. There are first aid-trained staff members on duty 24/7. The staff interviewed confirmed their awareness of the emergency procedures.</p> <p>The service has a working call bell system used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell, which the maintenance officers</p> |

| | | |
|--|-----------|---|
| | | <p>check monthly. Call bell audits were completed as per the audit schedule. Residents and family/whānau confirmed that staff respond to calls promptly.</p> <p>Appropriate security arrangements are in place. An external provider provided 24-hour security. Doors are locked at predetermined times in the evenings, and family/whānau and residents know how to alert staff when they need access to the facility after hours.</p> <p>A visitors' policy and guidelines are available to ensure that residents' safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers. A closed-circuit television and video (CCTV) system monitors the entrance, garden, and communal areas. CCTV signage was displayed around the facility.</p> |
| <p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p> | <p>FA</p> | <p>The clinical manager and a registered nurse oversee infection control and prevention across the service. The job description outlines the responsibility of the role. The infection control and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually by Arvida Group support office. There is an infection control steering group with representatives from several facilities, and they meet three-monthly to support all villages. Infection control audits are conducted. Infection rates are presented and discussed at quality, clinical and staff meetings. Infection control data is also sent to support office, where it is reported regularly at Board meetings. The data is benchmarked with other Arvida facilities. Results of benchmarking are presented back to the facility electronically and results discussed with staff. This information is displayed on staff noticeboards. Infection control is part of the strategic and quality plans.</p> <p>The service has access to an infection control specialist from Health New Zealand. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons, and gloves available throughout the facility.</p> <p>The prospective purchaser has no immediate plans to change the</p> |

| | | |
|---|----|---|
| | | established infection control programme. |
| <p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p> | FA | <p>The infection control programme links to the business and quality plans. The implementation of the infection programme of 2025 has been reviewed in January 2026. The service has an outbreak plan and pandemic response plan (including Covid-19), which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. There is a facility infection control team, which meets monthly (meeting minutes sighted).</p> <p>The infection control coordinators have completed online education related to their role. There is good external support from the GP, NP, laboratory, Arvida Group support office and Health New Zealand infection control nurse specialist. There is ample personal protective equipment (PPE). Extra PPE is available as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines, and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by Arvida Group support office, in consultation with infection control coordinators. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment, and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo Māori information around infection control for Māori residents, and works in partnership with Māori for the protection of culturally safe practices in infection prevention, that acknowledge the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan (Altura). There has been additional training and education around Covid-19, and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education</p> |

| | | |
|---|----|---|
| | | <p>occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on infection control policies and procedures through resident meetings, newsletters, and emails. Posters regarding good infection control practice were displayed in English and te reo Māori.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The infection control coordinators are involved in the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products, with support from the clinical manager, village manager and Arvida Group. The Arvida Group Head of Clinical Governance, Head of Clinical Quality, and Head of Wellness Operations provides consultation during the design of any new building, or when significant changes are proposed to an existing facility.</p> <p>There are no immediate plans to change the current environment; however, the prospective purchaser will consult with the infection control coordinator if this occurs.</p> |
| <p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use. 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.</p> | FA | <p>The service has an antimicrobial use policy and procedures, and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality, clinical and staff meetings, as well as to the Arvida Group support office. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Reports are collated from the electronic medication system. The infection control coordinator works in partnership with the GP and NP to ensure best practice strategies are employed at The Cascades Retirement Resort.</p> |
| <p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> | FA | <p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly</p> |

| | | |
|--|-----------|--|
| <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p> | | <p>infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality, clinical and staff meetings and sent to Arvida Group support office. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Infections of concern is reported to the Board. Ethnicity data analysis around infections are captured by Arvida Group. Internal infection control audits are completed, with corrective actions for areas of improvement.</p> <p>The service receives email notifications and alerts from Arvida head office and Health New Zealand for any community concerns. There have been no outbreaks since the previous audit.</p> |
| <p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p> | <p>FA</p> | <p>There are policies regarding chemical safety, waste disposal, cleaning, and laundry practices. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard, and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, masks, and face shields are available for staff, and staff were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each area with sanitizers, a stainless-steel bench, a sink, and separate handwashing facilities. Goggles and other PPE are available. Staff have completed chemical safety training.</p> <p>All laundry is completed on site. There are dedicated laundry staff seven days a week. There are clean and dirty entrances and a defined workflow. There are covered trolleys to transport the linen within the building. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system and overseen by the infection control coordinator. The washing machines and dryers are checked and serviced regularly. The infection control coordinators provide support to maintain a safe environment during</p> |

| | | |
|--|-----------|--|
| | | <p>construction, renovation, and maintenance activities. Cleaning services are provided by dedicated staff, seven days per week. Staff interviewed were knowledgeable around systems and processes related to hygiene, and infection prevention and control.</p> <p>The prospective purchaser will transition to their external contractor for laundry and cleaning services.</p> |
| <p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p> | <p>FA</p> | <p>The organisation's operations and governance demonstrate a commitment toward eliminating restraint, as evidenced in the documentation reviewed. The restraint policy confirms that any consideration of the use of restraint and application must be done in partnership with family/whānau. The choice of device must be the least restrictive possible. At any time, if restraint were to be considered, the facility will work in partnership with Māori, to promote and ensure services are mana-enhancing. At the time of the audit, the facility was restraint free.</p> <p>The clinical coordinator is the restraint coordinator, and the service is committed to providing services to residents without the use of restraint. The use of restraint (if any) would be reported in the clinical, quality meetings, and in a monthly restraint summary, which is shared with the head office.</p> <p>Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.</p> <p>An interview with the prospective purchaser confirmed governance commitment to eliminate restraint and maintain a restraint-free environment at the service. The prospective purchaser interviewed is well-versed in their responsibilities, with respect to restraint elimination and safe practice.</p> |

Specific results for criterion where corrective actions are required

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

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

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

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

| |
|--------------------|
| No data to display |
|--------------------|

End of the report.