Pacific Coast Village Partnership - Pacific Coast Village Care Centre Te Manaaki

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Pacific Coast Village Partnership
Premises audited:	Pacific Coast Village Care Centre Te Manaaki
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 15 April 2026 End date: 15 April 2026

Proposed changes to current services (if any): A reconfiguration was requested for five care suites with occupation right agreements (ORAs) on the ground floor, currently dual purpose (rest home/hospital level of care) to be designated for couples who wish to reside in the same care suite. This would increase the capacity from 57 to 64 residents.

Total beds occupied across all premises included in the audit on the first day of the audit: 55

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Pacific Coast Care Centre – Te Manaaki (Te Manaaki) is part of Generus Living Group. Te Manaaki provides age-related rest home, hospital level and dementia (memory loss) care for up to 57 residents. This facility is near all amenities the village offers. The care home consists of 57 care suites over two floors. The ground floor has 20 premier suites, and the upper level comprises 37 care suites. The secure memory care suites were certified at the last audit, following a partial provisional audit.

This surveillance audit was conducted against Ngā Paerewa Health and Disability Services Standard NZS 8134:2021. The audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau/family members, members of the governance group, the care home management team, staff, contracted and visiting allied health providers, and a nurse practitioner.

A reconfiguration had been approved by HealthCERT however, a review was requested to be undertaken during this audit process. The reconfiguration involves changing any five care suites (ORAs) on the ground floor to accommodate couples who wish to be in the same room. This will increase the capacity from 57 to 62 residents. The additional beds were reviewed by the audit team and found to be suitable for use by couples.

There were no corrective actions required from the previous audit. As a result of this surveillance audit, no improvements were identified.

Ō tātou motika | Our rights

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

Te Manaaki works collaboratively to support and encourage a Māori worldview of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana Motuhake.

Pacific peoples admitted to Te Manaaki would be provided with services that recognise their worldviews and are delivered in a culturally safe manner.

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

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents in the memory care unit had enacted enduring powers of attorney (EPOAs). Residents and whānau/EPOAs felt included when making decisions about care and treatment.

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

Hunga mahi me te hanganga | Workforce and structure

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

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

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

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

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

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

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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

The service works in partnership with the residents and their whānau/EPOAs to assess, plan and evaluate care. Care plans were individualised, based on comprehensive risk-based assessments, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

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

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

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

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

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

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

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

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

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

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

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

Here taratahi | Restraint and seclusion

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

The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

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

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	0	0	0
Criteria	0	49	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

For more information on the different types of audits and what they cover please click here.

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	Te Manaaki has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with local iwi and Māori organisations and the kaumātua. A Māori health plan, which includes Te Whare Tapa Whā model of care, has been developed with input from cultural advisors. This was used for residents who identified as Māori, to support service integration, planning, equity approaches, and support for Māori. Training was provided at orientation for new staff and was included in the mandatory training days held four times a year. The Manaaki Journal was displayed in all residents' lounges. An article was documented on Te Tiriti o Waitangi and the significance of Waitangi through its history. Residents stated that they had read the article. There were Māori residents and staff at the time of audit, and those interviewed felt culturally safe.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of	FA	Te Manaaki provides services that are underpinned by Pacific worldviews. Staff interviewed stated that Pacific residents would be welcomed when admitted to this service and felt their worldview, and cultural and spiritual beliefs, would be fully embraced. Policies and procedures are available to guide staff. Training is included in the training programme reviewed on

Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.		Pacific countries and models of care adopted by the organisation. The 'Fonofale' model of care was understood by staff interviewed. At the time of the audit, there were no residents who identified as Pacific peoples, or Pacific staff employed currently.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Residents and whānau/EPOAs interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. Pamphlets on the Code are available at the reception area and copies are included in the admission pack.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Residents receive services free of discrimination, coercion, harassment, exploitation, and abuse and neglect, supported by policies and staff education. There were no examples identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed. Residents reported that their property was respected. Residents manage their finances independently and those who cannot independently manage are supported by their whānau/EPOAs. Staff undergo police checks at recruitment to safeguard residents. Residents and whānau/EPOAs interviewed stated that staff maintain professional boundaries.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.	FA	Residents and/or their legal representative are provided with the information necessary to make informed decisions in line with the Code. Residents and whānau/EPOAs interviewed felt empowered to actively participate in decision-making. EPOAs for residents in the memory care unit were activated.

Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.		Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.	FA	A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted showed that complainants had been informed of findings following investigation. The service assures the process works equitably for Māori by having a copy of the Code displayed in te reo Māori. Interpreter services are accessible if needed. There had been one Health and Disability Commissioner (HDC) complaint received on 29 October 2024, which remains open. This was responded to by the management team on 12 November 2024, and the health service manager interviewed has had no correspondence with HDC since. There have been no complaints received from any other external sources since the previous audit. All complaints in the complaints register received since the previous audit have been closed out, dated and signed appropriately. Any complaints are used for quality improvements.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in	FA	The governing body assumes accountability for delivering a high-quality service to users of the services and their whānau. Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required.

partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.		The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori was evident in the plans and monitoring documentation reviewed, and in the 2025–2026 business plan, which included a reviewed business continuity plan. A commitment to the quality and risk management system was evident. Members of the governance group and the clinical quality educator (a newly implemented role) interviewed felt well informed on progress and risks. This was confirmed through a sample of reports to the board of directors. The clinical governance structure is appropriate to the size and complexity of the organisation. Te Manaaki care centre opened in June 2023 and is now fully operational and has fulfilled the village's commitment to providing a full continuum of care for its residents. This includes the 10-bed memory care unit. This has strengthened the clinical capability and improved flexibility in service delivery. The goal is to maintain a strong occupancy performance while achieving a balanced 50/50 mix of internal village residents and external admissions. Pacific Coast is part of Generus Living Group. The village is a 50% partnership between Generus Living Group and Mangatawa Papamoa Blocks Incorporated – a Māori Incorporation that was formed in 1957. The service holds contracts with Health New Zealand – Te Whatu Ora Hauora a Toi Bay of Plenty for the provision of rest home, respite, hospital, palliative care, and memory care D3. On the day of the audit, 55 residents were receiving services: one respite care, one palliative care, 30 hospital level of care, 15 rest home level of care, and eight secure memory care. The service has 10 memory care level beds available. There are 20 premier serviced apartments on the ground floor. These suites are a suitable size for double occupancy. These ground floor suites were approved for double occupancy in August 2024 and verified at this audit so that up to five at any time can be used in this way. There are 54 dual purpose beds including the two serviced apartments changed to dual purpose beds in November 2024. It was verified at audit that these two rooms are suitable for both rest home and hospital level

		care residents.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.	FA	The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections, and restraint elimination. A staff opinion survey was conducted in February 2026, with 98% of responses being positive. A resident satisfaction survey to measure quality and satisfaction with service delivery (digital platform) was completed in February and November 2025. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current. An operations meeting was held prior to a recent cyclone, and a plan was put in place. The health services manager (HSM) and the clinical quality/educator interviewed described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Staff document adverse and near-miss events in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. The service is currently involved with the pilot for the deteriorating early warning score system (DEWS) to be implemented for the aged residential care sector and is also working on a falls prevention programme as a project for its next audit. The clinical quality/educator understood and has complied with essential notification reporting requirements. Since the previous audit, three Section 31 notifications were made to HealthCERT. On 17 December 2024, a COVID-19 outbreak was reported, a resident absconded from the facility on 3 June 2025, and a nationwide medication system outage was reported on 22 February 2026. There have been no police investigations,

		coroner's inquests or issues-based audits. However, there were three incidents reported to the Health Safety & Quality Commission (HSQC) in 2025 for two unstageable pressure injuries, and one fall with an injury sustained. Two falls with injuries have been reported so far in 2026. The last incident reported was on 23 March 2026. All reporting requirements were documented, and the timeframes for reporting were effectively met.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents/patients and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is always 24/7 RN coverage in the care suites. The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents. Continuing education is planned on an annual basis, including mandatory training requirements. There are four mandatory training days held each year. Records of all education are maintained by the clinical quality/educator. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. Staff felt well supported with development opportunities. Care staff have either completed or commenced a New Zealand Qualifications Authority education programme to meet the requirements of the provider's contract with Health New Zealand – Te Whatu Ora. Staff working in the secure memory care service have all completed the required education. There are 30 health care assistants (HCAs) full-time equivalent (FTE) who are employed at this care service, and there are seven casual HCAs. All casual staff have completed relevant New Zealand Qualifications Authority (NZQA) Level 4 training. Of the FTE HCAs, 28 have completed Level 4, and two have completed Level 3.

Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	FA	Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, including evidence of qualifications and registration. All health professionals or contracted health professionals have their annual practising certificates (APCs) reviewed annually. Records are maintained by the clinical quality/educator, and these were reviewed. Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed.
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	FA	The multidisciplinary team works in partnership with the resident and whānau/EPOA to support wellbeing. A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded. Timeframes for the initial assessment, nurse practitioner (NP) assessment, initial care plan, long-term care plan, and review timeframes meet contractual and policy requirements. Staff support Māori and whānau to identify their own pae ora outcomes in their care plan. Māori cultural protocols were included in the care plans for Māori residents. This was verified by sampling residents' records, and from interviews of clinical staff and residents. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Twenty-four-hour behaviour management plans were completed for residents in the memory care unit. Where progress is different to that expected,

		changes are made to the care plan in collaboration with the resident and/or whānau/EPOAs. Residents and whānau/EPOAs confirmed active involvement in the process. Changes in residents' health were escalated to the NP. Referrals were sent to relevant specialist services as indicated. At interview, the NP confirmed satisfaction with the care provided and the communication received from the clinical team.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed. Current medication administration competencies were available in relevant staff files sampled for review. Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines are stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range. Prescribing practices meet requirements, as confirmed in the sample of records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The required three-monthly medication review was consistently completed and recorded on the medicine chart by the NP. Standing orders are not used. There were residents who were self-administering medicine at the time of the audit. Self-administration of medication is facilitated and managed safely, with regular self-medication administration competencies completed.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural	FA	The menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the food and cultural preferences of those using the service. Evidence of resident satisfaction with meals was verified from resident and whānau interviews,

beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.		and satisfaction surveys. Snacks and drinks are provided on a 24-hour basis for all residents. The service operates with an approved food safety plan and registration that is valid until 27 February 2027.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.	FA	Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Transfers and discharges were documented in the progress notes. Whānau reported being kept well informed during the transfer of their relative.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	FA	Building, plant and equipment are fit for purpose, inclusive of peoples' cultures, and comply with relevant legislation. This includes a current code of compliance, which was last amended on 8 July 2025. Electrical testing and tagging were completed in June and December 2025. Ceiling hoists are checked quarterly with the environmental checks. Records were maintained. The biomedical checks and calibration of equipment are performed annually by a contracted service provider and were last completed on 11 November 2025. An inventory is maintained annually. Ground floor care suites (occupation right agreement (ORA) suites) were reviewed for the suitability of couples occupying them, if they wished to share a suite when admitted. All rooms were spacious and were able to accommodate two persons appropriately and safely. Call bells are accessible for both residents sharing a double bed, and/or are placed for two single beds if this is the preferred option for a couple. Screening is available to ensure privacy is not compromised. Similarly, two other care

		suites were assessed as appropriate for dual purpose use. Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The nominated infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme, which has been developed by those with IP expertise and approved by the governance body. The programme is linked to the quality improvement programme and is reviewed and reported on annually. It was reviewed on 3 February 2026. This was confirmed by the clinical manager and review of the programme documentation. Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau/EPOAs are educated about infection prevention in a manner that meets their needs.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	FA	Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme and national and regional surveillance programmes and guidelines, when required. Surveillance methods, tools, documentation, analysis, and assignment of responsibilities are described and documented using standardised surveillance definitions. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance includes ethnicity data. Results of the surveillance programme are shared with staff at monthly meetings and reported to the governing body in monthly quality reports. Infection outbreaks reported since the previous audit were managed effectively, with appropriate notification completed. Learnings from the events have now been incorporated into practice.
Subsection 6.1: A process of restraint	FA	Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this through documented

The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.		policy and regular reporting requirements. At the time of the audit, there was one resident using a lap belt in the daytime and full bed rails overnight. Staff reported, and documentation evidenced, that staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.