Birchleigh Management Limited - Birchleigh Residential Care Centre

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Birchleigh Management Limited
Premises audited:	Birchleigh Residential Care Centre
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 29 April 2026 End date: 30 April 2026

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 78

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

Birchleigh Residential Care Centre is operated by Birchleigh Management Limited, a privately owned aged residential care provider located in Mosgiel, Otago. The purpose-built facility is certified to provide rest home, hospital, and dementia level care for up to 83 residents across three units. At the time of audit, there were 78 residents receiving services.

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

The service is governed by a Board of Directors, who provide oversight of organisational performance, strategic direction, quality and risk management systems, workforce, occupancy, and financial sustainability. The chief executive is appropriately qualified and experienced, and is supported by a clinical manager, who is a registered nurse, and three nurse managers. Management supports safe service delivery, workforce development, and continuous quality improvement through established governance and quality systems.

Quality and risk management systems support monitoring, reporting, and continuous improvement activities across the service. Residents and family/whānau interviewed spoke positively about the quality of care, communication, activities programme, and the supportive environment provided by staff. Staff described a positive workplace culture with accessible leadership and ongoing support.

No shortfalls were identified at this certification audit.

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.

There is a Māori Health Plan, Pacific Health Plan, and organisational policies relating to cultural safety, equity, diversity, and ethnicity awareness that guide the delivery of culturally safe and responsive services.

Residents and family/whānau are provided with information relating to the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code), and these rights are observed in practice. Residents' rights to privacy, dignity, independence, individuality, informed choice, and respectful care are promoted and observed in practice.

Residents and family/whānau interviewed confirmed they are informed regarding changes in residents' health status, incidents, and care planning decisions in accordance with open disclosure principles.

The service maintains effective relationships with external health professionals and community organisations to support continuity and coordination of care.

The complaints management system is accessible and aligned with the Code. Complaints are managed in a responsive and timely manner, with complaint trends and outcomes reviewed through quality and management meetings.

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.

There is a documented strategic and operational framework that includes the organisation's vision, mission, values, and quality objectives.

The established quality and risk management systems support continuous improvement activities. Internal audits, incident management, infection surveillance, and health and safety processes are implemented, with findings reported through management and governance structures.

A comprehensive health and safety programme is implemented, including documented policies and procedures, regular health and safety meetings, hazard management, and incident reporting processes. Hazards, incidents, and identified risks are monitored and reviewed through health and safety systems.

Human resource policies and procedures guide recruitment, orientation, staff education, and performance management processes. Staff complete a comprehensive orientation programme and participate in ongoing in-service education relevant to their roles, with access to external training opportunities. Staffing levels and skill mix are aligned with contractual requirements and resident acuity. Residents and family/whānau interviewed confirmed staffing levels supported timely care delivery and responsiveness to resident needs.

Resident information is collected, stored, and maintained securely, with access limited to authorised staff in accordance with privacy and confidentiality requirements.

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.

Residents are assessed by the Needs Assessment Service Coordination prior to entry as needing rest home, dementia, or hospital level care. Accurate information is available in an information pack and on the website. Prior to entry, residents and their family/whānau are able to visit the facility and meet with staff.

Residents receive comprehensive assessment on admission to identify their needs and preferences. From this, an initial care plan is developed. Care planning is completed in partnership with residents and their family/whānau. Residents and family/whānau are involved in care planning and evaluation processes, with multidisciplinary input evident within the clinical records reviewed.

Medical care is provided by a contracted general practitioner, with regular clinical review and oversight. Multidisciplinary input and ongoing evaluation were evident within clinical documentation reviewed.

Both group and individual activities are planned by the activities coordinator, who identifies residents' interests and aspirations. Activities are aimed at enhancing physical strength and balance, and mental and social wellbeing. Outings in the van are provided so residents continue to be part of the wider community.

Medication management systems comply with legislative and contractual requirements. Staff maintain competencies relevant to their roles and responsibilities. Changes in medications are discussed with residents and their family/whānau.

Food services support residents' nutritional needs and comply with food safety requirements. Nutritional supplements prescribed by a dietitian or general practitioner are available. The contracted service has a current food control plan. Transfer and discharge are planned processes that are communicated to residents and family/whānau.

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

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

The building holds a current warrant of fitness. Residents can freely mobilise within communal areas and have safe access to outdoor areas, seating, and shade. There are communal toilets situated close to lounge areas with appropriate signage. Resident rooms are personalised.

Documented systems support essential, emergency, and security 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.

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.

The infection prevention and control and antimicrobial stewardship programmes align with the size and complexity of the service. The clinical manager is the infection prevention and control coordinator.

The service maintains access to external infection prevention and control expertise and advice as required.

There are documented outbreak response and pandemic management plans.

Staff complete infection prevention and control education relevant to their roles and responsibilities. Infection prevention resources and personal protective equipment were available throughout the facility.

Policies and procedures guide infection prevention and control practices, antimicrobial stewardship, cleaning and laundry services, waste management, and environmental controls.

Infection surveillance information is monitored, analysed, and reported through the quality management systems. The service has managed five outbreak events since the previous audit.

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.

Leadership supports restraint minimisation and elimination through established restraint oversight and review processes. Restraint elimination and safe practice policies and procedures are in place. Restraint elimination is overseen by the restraint coordinator. The facility has one resident using restraint. Use of restraints is considered as a last resort, only after all other options were explored. Education is provided to staff on restraint minimisation, and the management of behaviours that may challenge.

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	29	0	0	0	0	0
Criteria	1	175	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	Birchleigh Residential Care Centre has one resident who identifies as Māori. Assessments, care planning, and service delivery align with the organisation's Māori Health Plan, which incorporates Māori models of health and Te Tiriti o Waitangi principles. The plan outline supports Māori to achieve their health aspirations, including mana motuhake. It is supported by the Building Closer Partnerships with Māori framework, which guides engagement with Māori and whānau and promotes partnership-based care. Leadership supports culturally safe service delivery through the organisation's team values framework, developed collaboratively with staff. The values statement "Caring isn't what we do, it's who we are", supports a service culture that recognises dignity, identity, and culturally responsive care. The inclusion of te reo Māori within the values framework supports normalisation of Māori language and cultural concepts within the service environment. The chief executive described that the service has access to Kaiawhi Wairua support through the Otago Tertiary Chaplaincy Trust Board, providing external Māori cultural guidance for residents, whānau, staff, and management. The clinical manager described ongoing review of organisational

		practices to support health equity and culturally responsive care. Māori health resources and equity guidance documents are available to staff to support equitable service delivery and improve health outcomes for Māori. Birchleigh Residential Care Centre has a diverse workforce that reflects the needs of residents receiving care and support. The recruitment and human resource framework support equitable employment practices, including active efforts to increase Māori workforce capacity. The service employs staff members who identify as Māori and is committed to retaining and further growing Māori representation. Partnerships with Māori are strengthened through engagement with staff, residents, and whānau, including culturally responsive practices during assessment, care planning, and review processes. Interviews with a member of the Board, the management team (chief executive, executive assistant, clinical manager, and three nurse managers), and 24 staff members (one enrolled nurse (also the training / education coordinator) five registered nurses, eleven health care assistants (including one mobility assistant), one maintenance officer, two cleaners, one laundry staff member, and three activities assistants) confirmed understanding of culturally safe practice and the importance of respecting mana motuhake. Staff described incorporating cultural considerations into daily care and supporting residents' individual values, beliefs, spirituality, and whānau involvement in care delivery.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	Birchleigh Residential Care Centre has a Pacific people's culture and ethnicity awareness policy that guides service delivery, which outlines requirements for delivering culturally appropriate services to Pacific peoples. The policy recognises Pacific cultural values, beliefs, spirituality, and practices, and supports family/aiga-centred care planning and decision making. The service aligns with the Pacific Health and Wellbeing Action Plan 2020–2025 to guide culturally appropriate care and support equitable health outcomes for Pacific peoples. Cultural preferences and ethnicity information are identified during admission and assessment processes to support individualised care planning.

		While there were no residents identifying as Pasifika at the time of the audit, there were staff members who identified as Pasifika. Staff interviewed demonstrated awareness of culturally appropriate care practices, including respectful communication, spirituality, and the importance of family/aiga involvement when supporting Pacific peoples. The service has access to external cultural support and guidance through the Worldwide Mosaic Team, who provide education, advice, and support relating to Pacific and other cultures. The service also has access to Pacific Trust Otago for additional Pacific cultural guidance and support if required.
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	The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed throughout the facility, including English and te reo Māori versions, to ensure residents and visitors have access to information regarding their rights. Information relating to the Nationwide Health and Disability Advocacy Service is also available within the service. Policies relating to the Code of Rights, informed consent, privacy, confidentiality, communication, and human rights guide staff practice and support delivery of services, consistent with residents' rights. Residents are informed of their rights on admission and are supported to understand and exercise these rights throughout their stay. The service provides opportunities for residents and family/whānau to discuss and clarify their rights through resident meetings, family/whānau meetings, individual discussions, surveys, and an open-door management approach. Meeting minutes reviewed evidenced follow-up of matters raised by residents and family/whānau. Interviews with six residents (two rest home and four hospital residents) and twelve family/ whanau (five hospital, five dementia and two rest home) confirmed that residents and family/whānau are supported to participate in care discussions, decision-making, and service feedback processes. The service has appointed a resident advocate, who supports residents to raise feedback and concerns, including the option to remain anonymous during resident meetings. Residents and family/whānau

		are informed of their right to access independent advocacy services and support persons of their choice. Advocacy services are linked to the complaints process and are available to residents and family/whānau as required. Residents and family/whānau interviewed stated that staff communicate respectfully and support residents to exercise choice, independence, and participation in decision-making. Interactions observed between staff and residents during the audit were respectful. Documentation reviewed confirmed resident and family/whānau involvement in admission, care planning, communication, and feedback processes. Staff interviewed confirmed understanding of residents' rights and the expectation these are upheld in all aspects of service delivery. Staff described supporting residents to maintain privacy, dignity, autonomy, and participation in daily routines and care decisions. Staff receive education relating to the Code, advocacy services, privacy, confidentiality, and communication through orientation, and the ongoing education programme. The chief executive and clinical manager described commitment to recognising Māori mana motuhake and supporting resident autonomy and self-determination.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	Resident and staff file reviews, observations, and interviews confirms that Birchleigh Residential Care Centre provides services that respect residents' dignity, privacy, independence, and individuality, including their values, beliefs, and preferences. Residents and family/whānau reported that residents are treated respectfully and are supported to make choices about their care, daily routines, and activities. Staff were observed to maintain privacy and confidentiality at all times. Residents are encouraged to share what is important to them during admission, assessment, and care planning processes, with personal preferences, cultural needs, spiritual beliefs, and goals reflected in care documentation. Residents and family/whānau participate in care planning and review processes.

		The service demonstrates an inclusive approach that recognises residents' diverse identities, supported by policies and staff education in cultural awareness, diversity, dignity, and respectful care. Staff demonstrated understanding of supporting residents' individuality and choices in daily practice. Residents are supported to maintain independence and participate in meaningful activities of their choice, with care planning identifying individual support needs and preferences.
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	Policies relating to abuse and neglect prevention, code of conduct, professional boundaries, human rights, and equitable practice guide staff practice. Staff sign the employee handbook and code of conduct on commencement of employment, and professional boundaries are supported through job descriptions, education, and ongoing competency assessment. Residents and family/whānau interviewed confirmed that residents feel safe within the service. Staff interviews and education records evidenced understanding of abuse and neglect indicators, reporting requirements, professional boundaries, and safe care practices. Staff described clear processes for escalating concerns and reporting actual or suspected abuse or neglect. No evidence of discrimination, coercion, abuse, neglect, exploitation, or revictimization was identified during the audit. The service promotes an inclusive workplace culture and equitable practice. Policies relating to diversity, equity, and inclusiveness support staff to recognise and address bias, racism, and inequitable treatment. Staff reported they feel confident raising concerns, including those relating to institutional or systemic racism, and that these would be addressed appropriately. Residents' finances and personal property are protected through established policies and processes. Property lists are completed on admission, and systems are in place for the recording, storage, access, and management of resident property and funds within the scope of services provided.

Subsection 1.6: Effective communication occurs The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	Residents and family/whānau are provided with information regarding the service and care delivery in a timely and respectful manner. Residents and family/whānau interviewed confirmed communication with staff and management is open, responsive, and effective, and that they are kept informed of incidents and changes in residents' health status and care. Policies and procedures relating to communication, open disclosure, incident reporting, and information sharing, support effective communication practices throughout the service. Communication systems include resident and family/whānau newsletters; resident and family meetings; unit communication books; staff noticeboards; email distribution lists and organisational memos relating to service delivery; quality improvement; and infection prevention and control activities. Residents are supported to receive information in a format appropriate to their needs. The service supports residents with sensory impairments or additional communication needs through visual prompts, hearing support, environmental adjustments, and adapted communication techniques. Interpreter services are available where required; however, at the time of audit, no residents required interpreter support. The general practitioner confirmed communication processes are timely and appropriate. The service communicates effectively with external health professionals and agencies involved in residents' care to support continuity of care. Review of adverse event documentation evidenced family/whānau notification occurred where appropriate and was documented accordingly.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access	FA	The service has policies and processes relating to informed consent, advance directives, enduring power of attorney (EPOA), and supported decision-making that align with the Code of Health and Disability Services Consumers' Rights. Residents and family/whānau are informed about consent processes during admission and throughout service delivery.

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.		Nine resident files reviewed included informed consent forms signed by either the resident, their enduring power of attorney (EPOA) or welfare guardian, where applicable. Consent forms for Covid-19 and influenza vaccinations were also on file where appropriate. Residents and family/whānau interviewed demonstrated an understanding of informed consent and their rights in relation to choice. Documentation reviewed evidenced appropriately signed resuscitation plans, advance directives, or shared goals of care in place. Staff interviews confirmed understanding of informed consent requirements, supported decision-making, and respect for resident choice and autonomy. The service supports tikanga-informed approaches to consent and recognises the importance of whānau participation in decision-making processes, in accordance with resident preferences. Residents and family/whānau confirmed they are involved in decision-making and care planning. Admission agreements were signed and sighted for all files reviewed. Copies of EPOA or welfare guardianship documentation were held on file where applicable. Where EPOAs were activated, a medical certificate of incapacity was on file. Where legal representatives were involved, decision-making processes complied with legislative requirements, and residents were included in discussions and decisions to the extent possible.
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	Birchleigh Residential Care Centre maintains a complaints management system that supports residents, family/whānau, staff, contractors, and visitors to raise concerns in a manner that is accessible, responsive, and consistent with the Code of Health and Disability Services Consumers' Rights. The service promotes an open and transparent culture where feedback, concerns, complaints, and compliments are encouraged and used to support service improvement. Residents and family/whānau are informed of their right to make a complaint on admission and are provided with information about advocacy services and complaint pathways. Information about the complaints process is available throughout the facility, and complaints

		may be made verbally, electronically, anonymously, or in writing. Residents and family/whānau interviewed confirmed they were aware of how to raise concerns and reported that issues raised were addressed appropriately by management. Health New Zealand requested follow-up regarding learnings from a complaint relating to end-of-life care. Documentation review and interviews with management and clinical staff confirmed that identified learnings had been incorporated into practice through education, communication improvements, strengthened documentation expectations, and ongoing clinical oversight of end-of-life care provision. Registered nurses confirmed ongoing education in end-of-life care, including Te Ara Whakapiri principles and syringe driver competencies. The implemented complaints and compliments process includes an electronic complaints registers, documented complaint investigation, management oversight, complainant satisfaction follow-up, advocacy support, and escalation pathways where required. Complaints are acknowledged and followed up promptly, with complainants informed of investigation outcomes and their right to access advocacy services if they remain dissatisfied. Escalation pathways to the Nationwide Health and Disability Advocacy Service, Health and Disability Commissioner, Health New Zealand, and other relevant authorities are clearly documented. Management reported that concerns are addressed at the earliest opportunity where possible, with formal investigations undertaken when required. Complaints are reviewed through management and quality systems to identify trends, inform corrective actions, and support ongoing quality improvement. Staff receive education regarding residents' rights, advocacy services, open disclosure, and complaint management processes. Documentation confirmed that an external advocate provided education relating to residents' rights, advocacy, and the complaints process. The complaints process supports equitable access for Māori and whānau through the availability of information in te reo Māori, access to advocacy services, culturally responsive communication, and multiple pathways for raising concerns.

Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.	FA	Birchleigh Residential Care Centre, operated by Birchleigh Management Limited, provides aged residential care services, including rest home, hospital (medical and geriatric services), and dementia level care, with a total of 83 certified beds across three units. The three units are Braeside (26 certified hospital beds), Silverstream (23 rest home beds and 10 dual-purpose beds), and Janefield (24 certified dementia beds). At the time of audit, there were 78 residents receiving services, comprising 23 rest home level residents, 23 dementia level residents, and 32 hospital level residents, including one resident receiving Accident Compensation Corporation (ACC) funded short-term care, and one resident on respite care. Birchleigh Residential Care Centre is privately owned, with governance oversight provided by the Board of Directors. Directors have completed Te Tiriti o Waitangi and cultural competency training, and demonstrate an understanding of Te Tiriti principles, health equity, and their governance responsibilities in reducing barriers to equitable outcomes. The Board supports the inclusion of Māori in organisational planning and decision-making, and ensures organisational values, strategic priorities, and service goals reflect the needs and aspirations of Māori. Cultural advice is sought to support this approach. Governance reporting includes consideration of health equity, cultural safety, and barriers to service access and outcomes, with actions implemented to address identified inequities where required. Governance responsibilities include oversight of organisational performance through regular review of quality and risk reports, corrective actions, quality improvement activities, and strategic objectives. A documented strategic framework and annual business plan guide service delivery and ongoing organisational development. The chief executive has held the role for 19 years and is responsible for operational leadership and implementation of the organisation’s strategic objectives, while acting as the liaison between the Board and the facility. The chief executive is supported by an executive assistant, clinical manager, three nurse managers, and an administrative team. The clinical manager has extensive management experience. The nurse managers provide day-to-day leadership and coordination of the

		Silverstream, Janefield, and Braeside units, supported by registered nurses, healthcare assistants, activities staff, and kitchen staff. Residents and family/whānau reported that senior leaders are visible, accessible, and responsive. The management team described established processes that support regular review of organisational performance, clinical risk, workforce matters, regulatory compliance, and service delivery outcomes. Clinical governance is embedded within the organisation's governance and quality framework, and is guided by a documented clinical governance policy. The clinical manager leads the clinical governance programme, supported by the clinical leadership team. The framework incorporates safety, competence, evaluation, and continuous improvement, with an emphasis on system thinking, early identification of resident deterioration, and equity-focused care. Clinical governance activities include oversight of clinical indicators, adverse events, infection trends, antimicrobial stewardship, restraint, audit outcomes, care planning, and resident and whānau feedback, to support continuous improvement and safe service delivery.
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	Birchleigh Residential Care Centre has implemented the organisation-wide quality and risk management programme that supports continuous improvement and safe service delivery. Policies and procedures are maintained electronically and are regularly reviewed. Quality data, including falls, infections, skin tears, pressure injuries, medication incidents, restraint use, complaints, outbreaks, and adverse events, is collected, analysed, benchmarked, and reviewed through the electronic management system. Benchmarking and KPI reporting support trend analysis, identification of improvement opportunities, and ongoing monitoring of service outcomes across the service. Internal audits are conducted according to a scheduled programme across clinical; environmental; infection prevention and control; medication management; restraint; documentation; health and safety; and service delivery areas. Corrective actions arising from audits, incidents, complaints, hazards, and quality activities are documented,

		monitored, and signed off on completion. Quality information and learnings are reviewed through structured governance and operational meetings, including management, registered nurse, Quality Improvement and Health and Safety (QIHS), infection prevention and control, and staff meetings. These forums support workforce participation and ensure follow-up actions are progressed to completion. Health and safety systems are implemented throughout the service and include hazard identification, environmental risk management, staff injury monitoring, emergency preparedness, and outbreak management. Risks are reviewed through QIHS and management systems, with actions implemented to mitigate identified issues. Adverse events are documented electronically, investigated, analysed, and trended to support organisational learning and prevention of recurrence. Events reviewed were completed in full and signed off by senior management, with incident data reported through staff and management meetings. Learning from significant events, including system outages, has informed improvements in communication, contingency planning, medication management processes, and staff response procedures. Quality improvement initiatives reviewed included falls prevention strategies; pressure injury prevention; rapid deterioration and end-of-life care review processes; outbreak management reviews; communication improvement projects; discharge pathway improvements; and safe handling initiatives. Business continuity processes are in place and were evidenced through organisational response to events, such as outbreaks and system outages. Post-event reviews supported strengthening of response processes and organisational resilience. Staff receive education relating to Te Tiriti o Waitangi, cultural safety, Māori health, and equity-focused care. Quality and risk systems include the analysis of health equity and barriers to equitable outcomes, with organisational review processes used to identify and address inequities in service delivery. Resident and family/whānau feedback is incorporated into quality

		reporting and informs service evaluation and improvement activities. The chief executive, clinical manager, and nurse managers demonstrated awareness of essential notification requirements and organisational risk management responsibilities. Severity Assessment Code (SAC) and Section 31 notifications have been completed where required.
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 are policies and procedures that describe safe staffing levels and skill mix to provide culturally and clinically safe care, 24 hours a day, seven days a week. The clinical manager and nurse managers work full-time Monday to Friday, and provide on-call clinical support after hours. The chief executive provides 24/7 operational on-call support, with a documented nurse manager on-call roster in place. In the absence of the chief executive, the clinical manager assumes delegated responsibilities. Rosters reviewed demonstrated consistent staffing levels across morning, afternoon, and night shifts. There is registered nurse coverage on every shift and additional healthcare assistant (HCA) support aligned to resident acuity and service requirements. The service maintains an HCA workforce, supported by a casual pool, ensuring flexibility and continuity of staffing across all units. Healthcare assistants with Careerforce levels three and four qualifications undertake team leader responsibilities, and have completed additional training and competencies to support their roles. Staff interviewed reported adequate staffing and support from the clinical manager and registered nurses. Residents and family/whānau confirmed staff were attentive and responsive to their needs. The service supports HCAs to obtain New Zealand Qualifications Authority (NZQA) Health and Wellbeing qualifications. Education records confirmed there are 39 HCAs who have level 3 qualifications or higher. A dedicated training and education coordinator oversees orientation, and supports staff to enrol in and complete NZQA qualifications, providing ongoing guidance to support completion. The annual education and training schedule is implemented and includes mandatory training, including infection prevention and control;

		manual handling; medication management; restraint minimisation; emergency management; dementia care; and cultural safety. Staff knowledge is assessed through competency assessments and evaluation processes. All staff complete orientation and annual competencies relevant to their roles. Staff who administer medications, complete annual medication competency assessments, and a record of completion is maintained. HCAs recently inducted reported that orientation was comprehensive and supported them to work confidently and safely. There are fifteen registered nurses and four enrolled nurses employed across the service, including the clinical manager and the nurse managers. Eleven RNs are trained and competent in completing interRAI assessments. Registered nurses maintain current annual practising certificates and participate in continuing professional development relevant to aged residential care and dementia care services. The dementia unit is staffed by personnel who have completed or are progressing dementia-specific education in accordance with contractual requirements. Activities staff hold relevant qualifications appropriate to the services provided. Systems support culturally responsive care through the collection and use of Māori health information and the promotion of whānau involvement in care planning, review, and decision-making processes in accordance with resident preferences. Staff wellbeing is supported through regular staff meetings, recognition initiatives, and access to an employee assistance programme. Staff interviewed reported a positive work environment and feeling supported in their roles. The organisation invests in workforce capability through leadership development, cultural capability education, and health equity training. Education programmes include cultural safety, understanding bias in healthcare, to support culturally responsive service delivery, and equitable outcomes for Māori. These initiatives support workforce capability, leadership development, and continuous service improvement.
Subsection 2.4: Health care and support workers	FA	Human resource management policies and processes are implemented

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.		and include recruitment, selection, orientation, staff training, professional development, and performance review systems. Documentation demonstrated that recruitment processes are consistently applied and include application records, interview notes, reference checks, police vetting, signed employment agreements, confidentiality agreements, and position descriptions aligned to each role. Thirteen staff files were reviewed, including the clinical manager, one nurse manager, two registered nurses, four healthcare assistants, one cook, one kitchen hand, one cleaner, one laundry staff member, and one activities coordinator. Staff files contained completed orientation records, competency assessments, training histories, and performance appraisals. Staff records are maintained electronically using the organisation's management systems. Employment agreements, position descriptions, appraisals, competencies, and training records are stored within a secure electronic platform. Hard-copy documents are scanned and uploaded, and access is role based to ensure confidentiality and compliance with organisational privacy and information-management requirements. Staff ethnicity data is collected and recorded in the system. A register of annual practising certificates (APCs) is maintained for all regulated health professionals, and APCs reviewed were current. Professional qualifications are validated prior to employment. Competency records reviewed included (but not limited to) medication management; infection prevention and control; hand hygiene; restraint minimisation; emergency management; manual handling; and cultural safety. Staff administering medications complete annual medication competencies relevant to their roles. Education records demonstrated ongoing professional development and mandatory training completion across all staff groups. The service maintains systems to monitor training compliance, competency completion, and professional registration requirements. Workforce development is supported through access to education, competency programmes, and professional development opportunities relevant to aged residential care and dementia services.

		Staff interviewed reported that they feel supported in their roles and that communication within the service is effective. Debriefing sessions are held following significant events, including outbreaks and system disruptions, to support staff, promote reflection, and enable learning and feedback.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.	FA	Resident records, including the medication management system, are maintained electronically using the organisation's integrated management systems. Access to electronic records requires individual user identification and passwords, ensuring information is stored securely and accessed only by authorised staff. The electronic systems are routinely backed up, with secure storage to ensure information can be restored in the event of a system outage or technical failure. Resident files reviewed were appropriate to the service type and demonstrated coordinated service delivery. Resident documentation is uniquely identifiable, legible, current, and completed in a timely manner, with entries including the name and designation of the staff member completing the record. Current hard copy resident documents are stored securely within the nursing stations in each service area. Paper-based information is scanned and uploaded into the electronic system, and archived hard copy records are stored securely, and are readily retrievable when required. Examples reviewed included signed admission agreements, consent forms, and placement documentation. Ethnicity data is collected and recorded using recognised national standards. Personal and health information is maintained confidentially, and was not observed to be accessible to unauthorised persons during the audit. Residents entering the service have all required initial information recorded within the expected timeframes. The service is not responsible for National Health Index registration. Policies and procedures guide privacy, confidentiality, electronic information management, and privacy breach processes. Staff interviewed demonstrated understanding of their responsibilities regarding the secure handling of resident information.

Subsection 3.1: Entry and declining entry The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.	FA	Policies are in place to guide management around admission and declining processes, including the required documentation. Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) team to determine the required level of care. The nurse managers screen prospective residents prior to admission. The clinical manager reported they had not declined entry for any prospective residents. If entry were to be declined, there would be close liaison between the service and the referral team. The prospective resident would be referred back to the referrer, and data would be collected regarding the reason for declining. The clinical manager stated that entry would only be declined if the service could not meet the prospective resident's required level of care, after considering staffing levels and the resident's needs. Entry may also be declined if there are no beds available. A record of residents who are admitted and those who are declined is maintained. The clinical manager advised that the facility collects ethnicity data for admitted and declined residents. The service has an information outlining the care and support provided, which is available to residents and family/whānau prior to admission, or on entry. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. The facility provides a person and whānau-centred approach to service delivery. Interviews with residents and family/whānau all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis. The organisation has links with local iwi, and staff are trained in cultural safety, tikanga and consulting with whānau in any decision making. Strategies to support equitable access for Māori include the use of te reo Māori in activities and signage throughout the facility. There were residents who identify as Māori. Staff are available to residents and whānau to provide support as required.

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	Nine resident files were reviewed: four rest home residents, two dementia level care residents, and three hospital residents (including residents receiving respite and ACC funded care). Resident files reviewed included assessments, care plans, interRAI assessments, progress notes, evaluations, multidisciplinary reviews, medication records, and supporting clinical documentation. Residents receive services from suitably qualified staff who work in partnership with the resident and their family/whānau. Initial assessments are completed on admission to identify residents' immediate needs, preferences, cultural values, risks, and support requirements. Initial care plans are developed based on admission assessments and referrals from referring specialists. A range of clinical assessments, referral information, observations, and pre-admission assessments form the basis of care planning. The respite and ACC funded resident had a full suite of assessments completed. Long-term care plans had been completed for all long-term residents, including those not on the age-related residential care contract, within 21 days of admission. InterRAI assessments and reassessments were completed within expected timeframes. Long-term care plans are developed by registered nurses, with input from residents, family/whānau, HCAs, and activities staff. The care plans are holistic and cover physical needs, assistance required for activities of daily living, psychosocial and cultural needs and aspirations, and interventions to address assessed needs and medical conditions. The service implements the principles of Te Ara Whakapiri for residents receiving end-of-life care. Short-term care plans are developed for acute issues, such as infections, wounds, and weight loss. Resident care is evaluated each shift and reported at handover and in the progress notes. Any change in a resident's condition is reported to the registered nurse. Long-term care plans are formally evaluated six-monthly in conjunction with interRAI reassessments, and when there is a change in the resident's condition. Multidisciplinary reviews also occur six-monthly as part of the care plan review process. These reviews include input from the registered nurse, HCAs, residents and family/whānau, activities staff, and physiotherapist. Evaluations are documented by a registered nurse and include the degree of achievement towards meeting desired goals

		and outcomes. Residents interviewed confirmed that assessments are completed according to their needs and in the privacy of their bedrooms. Māori and Pasifika health plans are available and used for residents who identify as Māori and Pasifika respectively. At the time of the audit, there was a resident who identifies as Māori. Registered nurses described removing barriers and ensuring residents have access to the information and services required to promote independence. They also described working alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes. Staff interviewed demonstrated knowledge of tikanga and cultural safety. Care plans addressed cultural preferences. Staff have access to Māori and Pacific advisors if cultural support is required. Residents confirmed they are able to practice their culture as desired. Residents in the secure dementia unit had comprehensive behaviour assessments and behaviour support plans in place. These include identification of individual triggers, risks, and required support, along with documented strategies for de-escalation, redirection, and safe management of behaviours. Care plans reflect the level of supervision required, routine preferences, and safety strategies, including management of wandering and other risk behaviours. The initial medical assessment is undertaken by the GP within the required timeframe following admission. Residents have ongoing GP reviews within required timeframes, and whenever their health status changes. The contracted GP service visits routinely at least weekly and provides out-of-hours cover until 9 pm on weekdays, and 9 am to 4 pm on weekends. After-hours emergency and ambulance services provide on-site support when required. Medical documentation reviewed was current. The GP interviewed described the facility as operating at a high standard, with clear communication and experienced registered staff. The service previously utilised a contracted physiotherapist for resident reviews on referral. Management is currently in the process of securing an alternative provider to ensure ongoing access to physiotherapy services. There is access to a continence specialist as required. A podiatrist visits regularly, and a dietitian, speech language therapist, and medical specialists are available as required through Health New Zealand. Palliative care support and wound nurse specialists are also

		available through Health New Zealand. An adequate supply of wound care products was sighted at the facility. Review of wound care plans evidenced that wounds have been assessed in a timely manner and reviewed at appropriate intervals. Photos have been taken where required. Where wounds need additional specialist input, referrals are made, and a wound nurse specialist consulted. At the time of the audit, there were 13 active wounds, including one non-facility-acquired unstageable pressure injury that was almost healed, as well as lesions, chronic ulcers, and skin tears. Electronic progress notes are written every shift and as necessary by HCAs, with evidence of registered nurse oversight daily for hospital-level care residents, and at least weekly for rest home and dementia-level care residents. Registered nurses add to the progress notes where there are incidents or changes in health status. HCAs interviewed described verbal and written handovers at the beginning of each shift that maintain continuity of service delivery. Monthly observations such as weight and blood pressure were completed and up to date. Incident reports sighted include appropriate registered nurse follow up and investigation. Nurse managers or registered nurses complete post-fall reviews and monthly collation and analysis of falls, and short-term care plans are commenced as required. All unwitnessed falls include neurological observations as required by policy. Fall incidents, analysis, corrective actions, and outcomes are discussed at registered nurse and staff meetings. Residents are referred to the GP for review after all falls. Physiotherapy and/or mobility input was evident for residents with multiple falls. A range of monitoring charts is available for care staff to use, including monthly blood pressure and weight monitoring, bowel records, behaviour monitoring, restraint monitoring, and repositioning records. Staff interviewed confirmed they are familiar with residents' needs and had access to the supplies and equipment required to meet those needs. Adequate resources were sighted during the audit. Staff receive handover at the beginning of each shift. Residents interviewed reported their needs and expectations are being

		met, and family/whānau members confirmed this. When a resident's condition changes, staff notify the registered nurse, who initiates a review by the GP as required. Family/whānau stated they are notified of changes in health status, including infections, adverse events, GP visits, and medication changes, and this was consistently documented in the clinical record.
Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.	FA	The service employs a team of five activities coordinators (three work 30 hours per week, one works 22 hours per week, and one is employed on a casual basis) who provide a wide range of activities between Monday and Friday in the hospital and rest home, and seven days a week in the dementia unit. Activities assessments are completed within 21 days of admission using a social and activities profile. The cultural, social, spiritual and diversional therapy section of the long-term care plan is completed within three weeks of admission and reviewed at least six-monthly at the same time the long-term care plan is reviewed. Monthly progress notes and activity attendance records are maintained. The resident's social and cultural profile includes the past hobbies and present interests, likes and dislikes, career, and family/whānau connections. Staff have access to Māori and Pacific advisors, if cultural support is needed. All members of the activities team have current first aid certificates. There are a range of activities appropriate to the resident's cognitive and physical capabilities. Activities include physical, cognitive, creative, and social activities. The monthly activities calendar includes celebratory themes, events, and a wide range of activities that includes (but not limited to): art and craft; walks; balloon tennis; happy hour; movies; baking; shopping; church services; virtual reality travel; and musical activities. The service facilitates opportunities for Māori to participate in te ao Māori through the use of te reo Māori in everyday conversations; dual language signage; movies; arts and crafts (poi making); Māori music; kapa haka from local school children; quizzes; and Māori celebratory events. The service encourages staff to support community initiatives as and when they eventuate, including those that meet the health needs and aspirations of Māori and whānau. This was evident in connections with local Presbyterian and Catholic churches. Residents who choose not to

		participate regularly in group activities are visited one-on-one. Community visitors include entertainers, pastoral care, pet therapy, SPCA visits, pharmacy pop up shop three-monthly, and school/ preschool children visits. The service has two vans available for fortnightly outings. Themed days such as Matariki, Waitangi, Mother's Day, and ANZAC Day are included in the programme, and celebrated with appropriate resources. Residents are encouraged to attend community concerts, visit the local railway station, and participate in coffee and shopping trips. There are three-monthly resident meetings in each area. Family/whānau are invited to attend these. Family/whānau interviewed confirmed they find the meetings helpful for finding out what is happening in the facility and have an opportunity to provide feedback if necessary. Residents can provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	Medication management is safe and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. RNs complete syringe driver training. Staff were observed to be safely administering medications. Registered nurses and HCAs interviewed could describe their role in medication administration. Birchleigh Care Centre uses robotic packs for medication for regular use and blister packages for pro re nata (PRN) medications. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Medications are stored securely in the three medication rooms and separate medication cupboard in the hospital unit. Medication trolleys are locked when not in use. The medication fridges and medication room temperatures are automatically monitored by a contracted company. An alert is emailed to the nurse managers and maintenance officer if temperatures are outside accepted ranges. All temperature records reviewed showed temperatures are within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops were dated on opening and discarded as per manufacturer's instructions. All over the

		counter vitamins, supplements or alternative therapies residents choose to use, are prescribed by the GP and charted on the medication chart. The six-monthly controlled drug physical check and reconciliation was completed as per required timeframes. Eighteen electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly, and each chart include photo identification and documented allergy status. There were no residents self- administering their medications on the days of audit. The facility follows documented policies and procedures, should a resident wish to self-administer their medications. PRN medications are administered as prescribed, with effectiveness documented in the electronic medication system. Medication competent HCAs or RNs sign when the medication has been administered. There are no standing orders in use, and processes are in place should standing orders be required. Residents and family/whānau are updated on medication changes, including the reason for changes and potential for side effects, and this is documented in the progress notes. The RNs described the process to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	The food services are provided by an external contractor and overseen by a kitchen manager. The external contractor employs the kitchen staff. Serving staff are employed by the facility and have completed food safety training. All meals and baking are prepared and cooked on site by the experienced kitchen manager or cook, who are supported by rostered kitchenhands. All food services staff have completed food safety certificate or in-house food safety training. There is a food services manual available in the kitchen. The kitchen was observed to be clean, well-organised, well equipped, and a current approved food control plan was evidenced, expiring 30 July 2026. Dry ingredients were decanted into containers for ease of access, with the dispensing date and/or expiry date visible. The four-week winter/summer menu is reviewed by a registered dietitian. The kitchen receives resident dietary forms and is notified of any dietary changes. Dislikes and special dietary requirements are accommodated, including food allergies. The

		service caters for residents who require texture modified diets and other foods. The menu is available on a noticeboard outside the dining room. The kitchen manager receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods), or residents with weight loss. Dietary profiles evidence regular review. The kitchen manager (interviewed) is aware of resident likes, dislikes, and special dietary requirements, and resident profiles had been reviewed and updated as required. Residents have access to nutritious snacks at any time of the day or night. On the day of audit, meals were observed to be well presented. The cook stated they are able to implement menu options for Māori residents and consult with residents on the food and their choices. The cook interviewed understood tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. Tapu and noa and their relevance to kitchen services were included in kitchen staff orientation and ongoing education. The service uses an electronic system to evidence monitoring of temperatures is completed. Daily records include fridge and freezer temperatures recordings in kitchen and kitchenette areas. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Cleaning schedules are consistently maintained. Meals are directly served from hotboxes to residents in the Janefield and Braeside dining rooms or transported on covered trays to their rooms. Meals are plated and served by facility employed kitchen hands from a bain marie to residents in the Silverstream unit. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas, and modified utensils are available for residents to maintain independence with eating as required. Food services staff have all completed food safety and hygiene courses. The residents and family/whānau interviewed were very complimentary regarding the food service, the variety, and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.

Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.	FA	Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a higher level of care. Discharge and transfer are planned processes that are communicated with residents and their family/whānau. Residents and family/whānau are advised of options to access other health and disability services, social support, or Kaupapa Māori agencies if indicated or requested. When residents are transferred to the public hospital, their family/whānau is informed. The GP makes the referral to hospital. Relevant documentation is sent with the resident, including a printout of their current medications, care needs, and a copy of EPOA documents. Where residents wish to be or need to be seen by another health service, referral is made. Examples of this were sighted in resident files, including referrals to the wound nurse specialist at Nurse Maude. Registered nurses complete a Nurse Maude referral and send this with a photograph of the wound. The nurse specialist decides if they needed to consult with the resident in person, or send instructions for the management of the wound, if it is considered non-complex. Residents attending external appointments, are encouraged to be accompanied by their family/whānau, particularly those with memory loss. Any risks are communicated to the external health provider by the RN and documented in the file.
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	The building holds a current Building Warrant of Fitness, expiring on 3 March 2027. A maintenance officer (interviewed) works approximately 35 hours per week and provides 24/7 on-call support. The maintenance programme is overseen by the maintenance officer, with support from the clinical manager and executive administration. The maintenance officer is responsible for completing preventative and reactive maintenance, while contracted gardeners maintain the external grounds. Day to day repairs and planned maintenance are completed as required. Each nurse's station has a maintenance request book, which is checked daily and signed off once tasks are completed. An annual maintenance plan is in place and includes electrical testing, medical

		equipment checks, call bell system checks, and monthly monitoring of hot water temperatures. Calibration of clinical equipment was last completed in February 2026, and electrical testing was completed in January 2026. Hot water temperatures are monitored and maintained below 45°C, with corrective actions implemented for any readings outside the required range. Essential contractors and tradespeople are available 24 hours a day as needed. Birchleigh Residential Care Centre is a purpose built, single level aged care facility The building is situated within landscaped grounds on the Taieri Plains, and provides a calm, homely environment with natural light, accessible outdoor areas, and clear internal pathways. All resident areas are located on the ground floor, with administrative offices on the upper level. The facility comprises three interconnected care units linked through internal corridors. External courtyards and gardens provide safe access to outdoor areas, with seating and shade available. The environment is inclusive of residents' cultures and supports culturally appropriate practices. Residents and family/whānau are encouraged to personalise bedrooms, which was evident during the audit. Communal toilets are located close to lounge areas in each unit. Fixtures, fittings, and flooring are appropriate for the care environment, and toilet/shower facilities are easy to clean. There are sufficient toilets and showers for residents, with separate facilities for staff and visitors. Vacant/in use signage is displayed on communal and visitor toilets. All ensuite and communal toilets have flowing soap and paper towels available. Shower and toilet areas provide adequate space for shower chairs, commodes, and staff assistance. There are adequate storage areas for hoists, wheelchairs, products, and equipment. Healthcare assistants interviewed stated they have sufficient equipment to safely meet resident needs. Residents interviewed confirmed their privacy was maintained during personal cares. Each of the three units has spacious communal lounges, with smaller lounges available for quieter and more private activities. A whānau room is located in the hospital wing. Bedrooms and communal areas are well lit, with ample natural light and ventilation. Heating is provided through a boiler-driven underfloor heating system, supplemented by

		heat pumps in communal areas. Furniture is arranged to create a homely and welcoming environment. Group activities are held in the lounges, and residents reported they could access alternative communal spaces if they chose not to participate. Janefield, the secure dementia unit, has a dementia-friendly layout with wide corridors, circular walking paths, and a safe enclosed courtyard that supports residents' mobility and independence. The nursing station has been opened to improve visibility and resident observation. Environmental enhancements include a resident "bus stop" feature to support meaningful outdoor engagement, installation of padded artificial turf over concrete pathways to reduce fall-related injury risk and widening of previously narrow walkways to improve safe mobility. Additional improvements since the previous audit include upgrades to the kitchen servery and equipment; installation of a new hospital-grade sanitiser; replacement of bed baths; new lounge chairs; and replacement of heating system pipework. Refurbishment plans are discussed with external Māori cultural guidance, in order to ensure their aspirations and identity are included.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	FA	Management policies including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in case of an emergency. An Emergency Response flipchart is readily available in each unit. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand, dated 6 March 2006. Fire evacuation drills are held six-monthly and was last completed on 17 February 2026. Civil defence supplies are stored in a wheeled bin supplied and checked by a contractor. There are also identified cupboards in the shared space between the rest home and hospital wings, which are checked monthly (sighted) in sealed containers. Smaller civil defence backpacks stored in each unit provide access to essential items in an emergency.

		In the event of a power outage, there are two generators available as back-up power. Staff have been trained to use the generators, and generators are checked monthly as part of the preventative maintenance plan. There is also a barbecue, and the contracted food services provider has facility for the ongoing provision of food services. There is an adequate emergency food supply available for each resident, for minimum of seven days. In the event of a civil defence emergency, there are adequate supplies including water supplies (water tank, 3000 litres plus 350 litres of potable water) to provide residents and staff with three litres per day, for a minimum of three days. Emergency management is included in staff orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times in the facility. The resident liaison person transports residents to appointments and has a first aid certificate. There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors and panels in hallways to alert them of who requires assistance. Staff carry cell phones which display call bell alerts. Call bells are tested monthly and the last call bell audit showed full compliance as a part of maintenance audit. The residents were observed to have their call bells in close proximity. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. The service utilises CCTV security cameras, which are located at the main entrance, back entrances, car park, and hallways throughout the facility. Night staff complete regular security and safety checks overnight. Emergency preparedness processes have been strengthened through quality review activities following power outage events experienced by the service. Improvements have included review of emergency response procedures, generator training and testing, emergency resource management, water storage arrangements, and staff preparedness.

Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.	FA	The infection prevention and control (IPC) and antimicrobial stewardship (AMS) programmes are embedded within the organisation's governance and quality framework. The Board and senior management receive regular reporting at defined intervals on IPC and AMS activities, including surveillance outcomes, outbreak events, and quality improvement initiatives, to support oversight and informed decision-making. Governance demonstrates commitment to safe service delivery and equitable health outcomes through monitoring of infection trends, review of quality indicators, and evaluation of organisational performance. Infection prevention data, including ethnicity information, is considered to support equitable service provision and identify any disparities in outcomes. The service has established mechanisms to access external expertise as required, including support from Public Health, laboratory services, and specialist clinicians. Escalation pathways are clearly defined, ensuring timely reporting and management of significant infection events in accordance with legislative requirements.
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 service maintains an IPC programme that is appropriate to its size and complexity. The programme is documented, approved by management, linked to the quality system, and reviewed annually. It has been developed by an external IPC expert and is current, comprehensive, and aligned with legislation and accepted best practice. The clinical manager is the designated IPC coordinator and is responsible for coordinating and overseeing the programme. The role includes defined responsibilities, decision-making authority, and reporting lines to senior management. The IPC coordinator has access to multidisciplinary expertise, shared clinical records, and diagnostic information, and undertakes ongoing education, including antimicrobial stewardship training. The IPC coordinator contributes to clinical policy development and

		procurement decisions that may affect healthcare-associated infection risk. A full suite of IPC policies is in place, covering standard and transmission-based precautions; aseptic technique; sharps injury prevention; communicable disease management; multi-drug resistant organism (MDRO) management; outbreak management; decontamination and reprocessing of reusable devices; single-use items; healthcare acquired infections (HAI) surveillance; and built-environment considerations. IPC education is provided during staff orientation and through ongoing training, with competency assessments completed as required. Residents and family/whānau receive relevant information, including resources available in te reo Māori. IPC practices support culturally safe service delivery and reflect Te Tiriti o Waitangi principles. Outbreak management processes are clearly defined and have been effectively implemented. Since the previous audit, the service has managed five outbreaks (two Covid-19, one gastroenteritis, one influenza A, and one scabies) with appropriate management, documentation, review, and follow-up. Post-outbreak reviews inform ongoing preparedness. The pandemic plan is regularly tested, and sufficient PPE and infection prevention resources are readily available. Reusable medical devices and shared equipment are decontaminated and reprocessed according to manufacturer instructions and recognised standards, supported by written policies for both manual and automated processes. Decontamination practices are audited, and corrective actions are implemented when required. Single-use medical devices are not reused and are safely disposed of. The IPC coordinator understands the process for involvement in any future building development or refurbishment, to ensure infection prevention considerations are incorporated early. Although no such projects occurred during the audit period, the required consultation pathway is established.

Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.	FA	The antimicrobial stewardship programme is appropriate to the size and scope of the service and is integrated into clinical care processes. The programme supports the safe and effective use of antimicrobial agents to optimise resident outcomes and minimise the risk of antimicrobial resistance. The clinical manager provides oversight of the programme, working collaboratively with the general practitioner, pharmacist, and clinical team to support appropriate prescribing, review, and monitoring of antimicrobial use. Antimicrobial use is informed by clinical assessment, diagnostic testing, and evidence-based guidance. Prescribing practices are reviewed at defined intervals in conjunction with the general practitioner and pharmacy provider, to ensure appropriate and safe use. Programme effectiveness is evaluated through review of infection trends and antimicrobial use data. Findings are used to identify opportunities for improvement and support safe prescribing practice.
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	The IPC coordinator oversees the surveillance programme and ensures it is aligned with the IPC and antimicrobial stewardship programmes. Surveillance activities are appropriate to the size and complexity of the service and use standardised definitions to identify, confirm, and classify infections. All confirmed infections are entered into an electronic infection register. Infection data is collected, analysed, and trended using the organisation's surveillance systems. Monthly surveillance reporting includes infection rates, organism identification, relevant risk factors, and ethnicity data to support equity monitoring. Surveillance findings are analysed monthly and annually, with trends reviewed through management, quality, and governance reporting processes to inform infection prevention strategies, outbreak preparedness, and quality improvement activities. Surveillance findings and any required actions are communicated to staff in a timely manner to support learning and reinforce good practice. Residents and family/whānau are informed of infections affecting them

		and provided with information and support in a culturally safe and appropriate manner.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	FA	The service maintains a clean, safe, and hygienic environment that supports effective infection prevention and control. Environmental management systems include cleaning processes, laundry services, linen handling, and waste management practices. Policies and procedures guide environmental hygiene, including defined cleaning methods, frequencies, and monitoring of effectiveness. Cleaning and laundry staff receive role-specific training in infection prevention practices and have confirmed awareness of IPC. There are clearly defined processes for the safe handling, storage, and disposal of waste and hazardous substances, in accordance with current legislation and local authority requirements. The facility is observed to be well maintained, with appropriate resources available to support environmental cleanliness and infection control. Environmental cleaning and laundry services are monitored through internal audit activities, with results used to ensure ongoing effectiveness and continuous improvement.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	The organisation demonstrates a clear commitment to work towards restraint elimination, with restraint used only as a last resort where all alternative strategies have been explored and safety risks remain. This commitment is evidenced through the Restraint Policy, which promotes least-restrictive practice, upholds residents' dignity, mana, and cultural values, and requires that restraint be time-limited, closely monitored, and regularly reviewed. At the time of the audit, one resident was using restraint (bed rail and lap belt). Review of the resident's file confirmed that comprehensive assessment, informed consent, family/whānau involvement, monitoring, and review processes were completed in accordance with policy requirements. Governance oversight of a process to eliminate restraint is evident.

		Restraint-related matters are monitored at service level and reported to the Board of Directors, supporting organisational accountability and oversight. When restraint is considered, the service works in partnership with Māori to promote mana-enhancing and least-restrictive practice. The directors are committed to providing services to residents without the use of restraint. The nurse manager in the hospital unit is the restraint coordinator. The restraint job description outlines accountability for maintaining the restraint register, ensuring compliance with policy and standards, and overseeing monitoring and review processes. Staff interviewed demonstrated a clear understanding of the organisation's commitment to eliminating restraint, and their responsibilities in applying least-restrictive practice. Policies and procedures related to restraint are comprehensive and underpinned by best practice. They outline holistic assessment processes designed to avoid restraint use, approval and consent requirements, de-escalation strategies, monitoring and documentation expectations, and regular review and evaluation. Alternative interventions are embedded within clinical and behavioural management practices, and approved restraint types are subject to periodic review to support ongoing restraint minimisation. Staff education and competence in restraint minimisation and safe practice are supported through orientation and the mandatory training programme. Training includes least-restrictive practice, informed consent, cultural considerations, alternative interventions, and de-escalation techniques. Staff have completed annual restraint competencies and were able to describe restraint minimisation principles and safe practice expectations during interview, demonstrating a culture of continuous learning. The service implemented a quality improvement initiative to reduce restraint use and promote least-restrictive practice. Outcomes were monitored through quality data, feedback, and clinical review. Over 12 months, restraint use reduced significantly from twelve residents to one, with no restraint-related adverse events reported. Feedback indicated improvements in resident mobility, confidence, participation, and overall wellbeing.

Subsection 6.2: Safe restraint The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first. Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.	FA	The service demonstrates safe restraint practices that are consistent with least-restrictive principles and the restraint policy. At the time of the audit, one hospital level care resident was using bedrails and lap belt. Review of the resident's clinical record and the restraint register confirmed that restraint was approved as a last resort, following assessment and trial of alternative interventions, including (but not limited to) intentional rounding, and falls prevention measures. Adequate time was taken for assessment and planning, and the environment was assessed as appropriate and safe. Written consent for restraint use was obtained from the resident's enduring power of attorney, the general practitioner and restraint coordinator. Restraint approval was reviewed six-monthly in accordance with policy requirements. Bedrails are used only when the resident is in bed, and the lap belt is used to support safe positioning when the resident is in the wheelchair. The frequency and extent of monitoring during restraint are determined during the approval and review process and documented in the resident's care plan. Monitoring documentation reviewed confirmed observations were completed as scheduled. Each episode of restraint is time limited. Monitoring considers the resident's physical, psychological, spiritual, cultural, and psychosocial needs, including wairuatanga. Māori staff and a Māori consultant are available as required to provide advice regarding cultural considerations associated with restraint use, supporting culturally safe care. A restraint register is maintained, and restraint use is documented in sufficient detail within the resident's clinical record. Documentation clearly records the type of restraint used, the rationale for restraint, alternative strategies trialled, consent processes, duration and frequency of use, monitoring undertaken, and outcomes. No injury, harm, or trauma associated with restraint use was identified. Restraint use is reviewed regularly as part of ongoing clinical review and is discussed at facility meetings. In addition, restraint practice is formally reviewed annually through the internal audit programme. The restraint policy stated, "the registered nurse must provide written verification to the resident's health practitioner in the event of having to

		apply restraint in emergency situations prior to obtaining a completed restraint consent form for future use of restraint". One episode of emergency restraint has occurred since the last audit. This was managed in accordance with policy, including approval from the restraint coordinator, GP and family.
Subsection 6.3: Quality review of restraint The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice. Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.	FA	The service maintains a strong focus on quality review processes to support restraint elimination and progression toward a restraint-free environment. Restraint practices are subject to ongoing monitoring and formal review processes that are underpinned by a human-rights-based approach, principles of enabling good lives, least-restrictive practice principles, and respect for residents' dignity, mana, and cultural identity. At the time of the audit, restraint use was limited to one resident using bedrails and lap belt, enabling meaningful and individualised review of restraint practice. Restraint data is collected through the restraint register, clinical documentation, and monitoring records, allowing the service to identify the type, frequency, duration, and rationale for restraint use. This information is reviewed as part of routine clinical oversight and facility meetings, with a focus on mitigating risk to residents and staff, assessing the ongoing necessity and safety of restraint, and identifying opportunities to further reduce or eliminate restraint use. Alternative strategies trialled, including least restrictive and de-escalation approaches, are reviewed to inform care planning and continuous improvement. Comprehensive reviews of restraint practice are undertaken at least six-monthly, with a formal annual review completed through the internal audit programme. The most recent review evaluated compliance with restraint policies and procedures, the appropriateness and duration of restraint use, consent processes, monitoring requirements, documentation standards, and alignment with current evidence-based practice. Reviews also considered whether care plans identified and implemented alternative strategies to restraint, and whether restraint remained necessary. The perspectives of residents and family/whānau are incorporated into

		restraint review processes through documented consultation, consent, monitoring feedback, and evaluation of restraint use. Advocate and family/whānau involvement is considered at both the initiation and review stages of restraint, supporting a person-centred and whānau-centred approach. Where applicable, cultural considerations are incorporated into review processes, and the service maintains a focus on reducing inequities in restraint use for Māori through culturally responsive practice, access to Māori staff support, and alignment with the Māori health plan. Outcomes of restraint reviews, including identified learnings and improvement opportunities, inform updates to care plans, staff education, and service practices. Restraint review findings (if any) are reported through established governance and quality pathways, supporting organisational oversight and accountability. The provider does not use seclusion.

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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 2.2.2 Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.	CI	A data-driven falls prevention and mobility initiative was implemented by the service in response to identified variability in falls across the service, with the aim of improving resident safety, mobility, and wellbeing through a structured continuous improvement approach. Monthly falls data trending from January–September 2025 identified consistently high and variable falls rates, with a peak of 45 falls in August 2025. Analysis indicated falls occurred across all levels of care, suggesting a system-wide issue linked to deconditioning, reduced mobility, low engagement, and fluctuating health status, particularly in residents with dementia and higher clinical acuity. This identified a need to shift from a reactive falls response model to a proactive, preventative mobility-focused approach.	A structured falls prevention and mobility programme was implemented by the service across the facility. Key interventions included the introduction of a mobility assistant role (May 2025), delivery of structured one-to-one mobility and strengthening programmes, and integration of daily exercise routines including walking support and seated strengthening activities. A mobility exercise bike was introduced (December 2025) to support engagement for residents with limited mobility. Additional strategies included strengthening safe mobility practices, promoting appropriate use of mobility aids, and extending activities staffing into late afternoons and weekends in August 2025 to address identified higher-risk periods. Engagement with residents and families was also strengthened to support participation and motivation. Outcomes were evaluated using monthly falls data, staff observations, mobility assistant feedback, and a

			targeted resident and family questionnaire (February, n=10: 2 residents, 8 families). Falls reduced from a peak of 45 falls in August to 36 falls in September, 38 falls in October, 35 falls in November, 23 falls in December, and 22 falls in January, demonstrating an overall downward trend following implementation. Resident and family feedback indicated improvements in mobility, confidence, and wellbeing, with qualitative feedback highlighting increased engagement with exercise programmes and the mobility bike. Staff observations supported improvements in gait, strength, transfer ability, and participation in mobility activities. While some variability was noted due to progressive conditions such as dementia and Parkinson's disease, overall outcomes indicated positive change. Based on positive outcomes, the initiative has been embedded into routine care delivery, with mobility and falls prevention now integrated into daily practice across shifts and care teams. Interdisciplinary collaboration between HCAs, nurses, activities staff, and allied health has strengthened consistency of care and mobility support. Falls for April 2026 were 24 falls and May 2026 had further reduced to 19 falls. The service has active plans to further improve this process based on continued positive results, evaluations and feedback.

End of the report.