St Andrew's Village Trust (Incorporated) - St Andrew's Village

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:	St Andrew's Village Trust (Incorporated)
Premises audited:	St Andrew's Village
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: 7 May 2026 End date: 8 May 2026

Proposed changes to current services (if any): In line with the reconfiguration requests dated July 2025 and September 2025; the audit verified the conversion of one hospital level care bed to create an additional staff office and the addition of three hospital level care beds (from the reopening of part of Douglas House). The 147 beds now includes 28 dedicated dementia level care beds; 42 hospital level care beds and 77 dual purpose beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 134

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

St Andrews Village is a standalone Charitable Trust located in Auckland. The service provides rest home, dementia, and hospital (medical and geriatric) levels of care for up to 147 beds. There were 134 residents on the days of audit.

This certification audit was conducted against the Nga paerewa Health and disability services standard 2021 and the service provider's contracts with the Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family/whānau, management, staff, and a nurse practitioner. The audit includes the verification of three hospital level care beds and the creation of an office from an existing room.

The director of care and operations is appropriately qualified and experienced and is supported by a clinical manager, an executive leadership team and skilled clinical and household staff. There are quality systems documented. Feedback from residents and family/whānau was positive about the care and the services provided. Orientation and in-service training programmes are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified a shortfall related to staff orientation.

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.

St Andrews Village provides an environment that supports residents' rights and safe care. Staff demonstrated an understanding of the rights and obligations. There is a Māori health plan and a Pacific health plan in place. The service works to provide high quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service supports people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and there are processes in place that ensure effective communication with them about their choices.

Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the residents and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

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.		Some subsections applicable to this service partially attained and of low risk.

St Andrews Village is governed by a Board. The business plan includes a mission statement and operational objectives. There is a documented quality plan. Quality improvement projects are documented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled.

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

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and ongoing staff education and training programme are in place.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

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

The activities team implements the activity programme to meet the individual needs, preferences, and abilities of the residents. Residents are encouraged to maintain community links.

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

Residents' food preferences and dietary requirements are identified at admission, and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements and/or modified needs were being met. Snacks are available at all times. The service has a current food control plan.

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

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

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

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. In the main care centre, all bedrooms are single with full ensuites (including dementia). Rooms are personalised. Documented systems are in place for essential, emergency, and security services. There is always a staff member on duty with a current first aid certificate.

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.

Infection prevention management systems are in place to minimise the risk of infection to residents, staff, and visitors. The infection prevention and control programme is implemented and meets the needs of the organisation. Information and resources are provided to residents, family/whānau and staff. Documentation evidenced that relevant infection prevention and control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme.

Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic response plans are in place, and the service has access to adequate personal protective equipment supplies. There have been outbreaks documented since the previous audit.

Chemicals are stored securely. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place to manage workplace incidents. Fixtures, fittings, and flooring are appropriate, and toilet/shower facilities are constructed for ease of cleaning. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

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

The restraint coordinator is a registered nurse. Ten residents were listed as using a restraint in the form of either bed rails or dignity suits. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing falls prevention strategies, de-escalation techniques, and alternative interventions, and only uses an approved restraint as the last resort.

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	28	0	1	0	0	0
Criteria	0	175	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	A Māori health plan is documented for the service. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Clinical staff described their commitment to supporting Māori residents and their family/whānau by identifying what is important to them, their individual values and beliefs and enabling self-determination and authority in decision-making that supports their health and wellbeing. There are clear processes to include tikanga in everyday practice. St Andrews Village links with staff who identify as Māori for guidance with Tikanga, cultural leadership, and oversight with service provision. The service has also fostered relationship with Ngati Whatua Orakei marae who are supporting the service from governance level to operational services. The service maintains connections with the wider community to support cultural engagement and inclusion. Local schools, volunteers and kapa haka groups are invited to participate in celebrations and events, strengthening community connection and providing opportunities for residents to engage in Te ao Māori. Residents and family/whānau at St Andrews Village engage in providing input into the resident's care planning, their activities, and their dietary needs, as evidenced in interviews with 12 residents (six

		hospital, six rest home), and seven family/whānau (four dementia, two rest home, one hospital). The service can also access kaumātua from Health New Zealand for support and guidance. There are cultural assessments available that are completed for residents who identify as Māori when admitted. St Andrews Village focuses on recruitment practices which includes building a diverse workforce that meets the needs of the residents they care for. The director of care and operations stated that they support increasing Māori capacity within the workforce and will employ Māori applicants when they do apply for employment opportunities as vacancies become available. Employee ethnicity data is reported in the director of care and operations' reports to the Board. The service has signage throughout in Māori and the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in Māori and English with pamphlets available. Interviews with 31 staff (nine personal care assistants,11 registered nurses (including four nurse managers), clinical training coordinator, quality and risk consultant, head chef, catering manager, maintenance prevention officer, therapeutic recreation leader, three laundry staff, one cleaner, clinical quality facilitator, and four managers (chief executive officer, director of care and operations, clinical manager, head of people culture and safety) and documentation reviewed described how care is based on the resident's individual values and beliefs.
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	St Andrews Village recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of health and disability services for Pacific people. The service has a documented Pacific Health Plan, which guides the organisation's approach to improving cultural safety, equity, and responsiveness for Pacific peoples. The plan supports culturally appropriate care delivery, workforce awareness, inclusive practice, and engagement with Pacific values and worldviews. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in a

		number of different languages according to resident need. On the day of audit there were residents who identified as Pasifika living at St Andrews Village. Ethnicity information and Pacific people's cultural beliefs and practices are identified during the admission process and entered into the residents' files when admitted. Family/whānau are encouraged to be present during the admission process and the service welcomes input from the resident and family/whānau when documenting the initial care plans. Individual cultural beliefs are documented in the resident's care plan. Pacific health considerations are embedded across care planning, service delivery, staff education, and quality improvement activities, with the Pacific Health Plan providing a structured framework for ongoing development and accountability. The service continues to recruit Pasifika staff as vacancies become available. The director of care and operations confirmed how they encourage and support any staff that identifies as Pasifika, beginning at the employment process. This was confirmed in interviews with staff who identify as Pasifika. The service continues to strengthen relationships and seek guidance on its Pacific Plan including consultation with Pasifika staff, thereby increasing its involvement in a collaborative service delivery approach to ensure equitable, quality health and disability outcomes for Pacific people. The service has access to local Pacific churches and Health New Zealand for support with people who identify as Pasifika. Access to interpreter services and cultural support is arranged where English is a second language, and if no staff members speak the resident's language.
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	FA	The Code of Health and Disability Services Consumers Rights (the Code) is displayed in multiple locations throughout the village. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The admissions manager discusses aspects of the Code with residents and their family/whānau on admission. Discussions relating to the Code are also facilitated through the resident/family/whānau newsletters. All residents and family/whānau

requirements.		interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available on notice boards within the facility, and in the information pack provided on entry to services for residents and their family/whānau. The policy documents link to spiritual support. Residents attend communion services and church services as required. The service recognises Māori mana Motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff. Staff receive education in relation to the Code at orientation and through the ongoing education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process and are available to residents and family/whānau as required.
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	Personal care assistants and registered nurses interviewed confirmed that residents are supported to make choices about their care. Residents and family/whānau feedback confirmed that residents experience choice in day-to-day care. Residents are supported to decide on the level of involvement of family/whānau in their care or other forms of support, in accordance with their preferences. The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed annually confirm that residents and family/whānau are treated with respect. This was also confirmed during interviews with residents and family/whānau. A sexuality and intimacy policy is in place and supported through staff training. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to

		their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Resident files and care plans identify residents' preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Te reo Māori is supported by staff who can speak/understand te reo Māori. Māori cultural days are celebrated and include Matariki and Māori language week. All staff attend specific cultural training that covers Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice including supporting them with te ao Māori.
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	A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise their own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for Māori residents is prioritised. This was further reiterated by the clinical manager and nurse managers who reported that all wellbeing outcomes are managed and documented in consultation with residents, enduring power of attorney (EPOA)/whānau, and Māori health organisations and practitioners (as applicable). Review of resident care plans identified goals of care promote positive outcomes, and care staff interviewed confirmed an understanding of holistic care for all residents. Staff complete education during orientation and as per training plan on how to identify abuse and neglect. Staff are aware of how to value the

		older person, showing them respect and dignity. All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses and protection of resident property. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their roles and responsibilities.
Subsection 1.6: Effective communication occurs The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	Information is provided to residents and family/whānau on admission. Communication is maintained with individual residents with regular updates around changes and events within the facilities. Six monthly resident and family/whānau clinical meetings and house meetings provide opportunities for feedback and discussion about service delivery. Policies and procedures relating to accident/incidents, complaints, and open disclosure outline staff responsibilities for timely notification of family/whānau or next of kin. Electronic accident/incident forms include a section to indicate whether next of kin have been informed (or not), and notification to next of kin was clearly documented in fourteen adverse event forms reviewed and associated progress notes. Family/whānau interviewed stated they are informed of any events that might adversely affect their relative`s wellbeing. An interpreter policy and contact details of interpreter services are available. Interpreter services are used where indicated. At the time of the audit, there was one resident who could not speak and understand English. Personal care assistants and the registered nurse interviewed described how the resident was supported through the use of google translate, flash cards and interpreter services as required. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and next of kin are informed prior to entry of the scope of services and any items that are not covered by the

		agreement. The service communicates with other agencies that are involved with the residents such as the Health New Zealand specialist services (e.g. physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice nurses, speech language therapist, and dietitian). The delivery of care includes a multidisciplinary team. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.	FA	There is an informed consent policy. Resident files reviewed included informed consent forms signed by either the resident or power of attorney/welfare guardian. Consent forms for vaccinations are also on file where appropriate. Residents and family/whānau interviewed described what informed consent was and their rights around choice. Residents and their family/whānau stated they are actively involved in determining their plan of care in accordance with the Code. The residents and family/whānau are provided with the necessary information to make decisions in accordance with resident rights and their ability to exercise independence, choice, and control. Residents and their family/whānau stated they are given the opportunity to come together and make unified decisions to ensure the process of Kotahitanga (unity) is maintained during the process. There is an advance directive policy. An advance directive or Do Not Resuscitate (DNR) order is only authorised by the resident themselves or by the medical practitioner. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they participate in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship

		documentation were in resident files where applicable. Certificates of mental incapacity and activation of the EPOA documents were on file for residents where required including for all residents assessed for dementia level of care.
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	The complaints procedure is provided to residents and family/whānau on entry to the service. The service maintains a complaint register that records verbal and written complaints. There have been three internal complaints recorded since last audit year to date: one in 2024 and two in 2025. Corrective actions were identified, implemented, and signed off when completed in relation to the complaints. There was one Health and Disability Commissioner (HDC) complaint received in August 2024 related to care. The service has responded to what was required and awaits an outcome from HDC. Quality improvements were identified following internal investigation which included policy review, review of processes around resuscitation and advance care planning, discussion with staff regarding corrective actions identified and sign off when completed. In December 2025, the service received a request for information from HDC regarding a complaint that the commissioner was investigating. St Andrews Village was not the subject for the complaint. Complaints documentation reviewed including acknowledgement, investigation, follow-up letters, and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in the facility meetings. Complaints are a standard agenda item in all meetings (meeting minutes sighted). The Board is informed of complaints in the monthly Board report. Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available throughout the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern (resident house meetings, face to face, use of the complaints form or emailing the manager). Communication is maintained with individual

		residents with updates at activities, mealtimes and one on one reviews. Residents/family/whānau making a complaint can involve an independent support person in the process if they choose. On interview residents and family/whānau stated they feel comfortable to raise issues of concern with management at any time. The complaints process is equitable for Māori, complaints related documentation is available in te reo Māori, and the management team are aware of the preference of face-to-face interactions for some Māori.
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	St Andrew`s Village is a standalone charitable trust and is located in Auckland. In line with the reconfiguration requests dated July 2025 and September 2025; the audit verified the conversion of one hospital level care bed to create an additional staff office and the addition of three hospital level care beds (from the reopening of Douglas House). The total of 147 beds (considering the above reconfigurations) includes 28 dedicated dementia level care beds; 42 hospital level care beds (including three dedicated palliative care beds) and 77 dual purpose beds. On day one of the audit, there were 134 residents; 27 dementia level care; 76 hospital level care including one resident on the orthopaedic interim care funding, two residents on the palliative care funding, two residents on the younger person with a disability (YPD) contract; and 31 rest home level care including one YPD resident. All other residents were under the age-related residential care (ARRC) agreement. St Andrew`s Village has an overarching strategic framework (2026-2030) is in place with clear key focus areas related to clinical excellence, sustainability, resident experience, and growth to support the organisational philosophy. The model of care ` Live your best Life` sits within a value-based framework of enhancing residents' quality of life, always do the right thing, being efficient and effective in everything the service does, proud of the charitable trust status and respect for all. The business plan (2025-2026) includes a mission statement and operational objectives with site specific goals that are aligned to the charitable purpose and strategic direction. The chief executive officer

		(CEO) has been in the role since June 2025 and has many years of experience in the healthcare industry and retirement village industry. They report to the Board chair who has been involved with the service for more than five years and eight other trustees. There is a roles and responsibility framework for the trustees and is documented in the board charter. Each member of the Board has their own expertise and receive orientation to their role and responsibilities. The Board members have a range of backgrounds including (but not limited to) related to governance, legal, property management, innovation, finance, operations, and medical practitioners, as well as knowledge around contractual and legislative requirements. The Board receive a monthly board report from the CEO. There are several subcommittees (property sub-committee (meets monthly), finance audit and risk sub-committee (meets quarterly), clinical governance committee (meets quarterly), strategy, innovation and sustainability committee (meets quarterly), nominations and governance committee (as required). The clinical governance committee includes two medical practitioners, and the quarterly meetings are attended by the CEO, director of care and operations and the clinical manager. Monthly CEO reports to the Board include (but not limited to) occupancy, finances, health, and safety, staffing, infection; internal audits, quality trend and analysis, restraint minimisation, equity analysis, survey results, culture, and wellbeing. The head of people culture and safety or the chief financial officer stands in for the CEO if they are not available. The director of care and operations (RN) oversees the clinical operations of the service and is supported by the clinical manager, admissions manager, clinical quality facilitator, clinical training coordinator (also health and safety coordinator), catering manager, household support manager, maintenance manager. There is an executive team that further supports all aspects of the service and include a quality and audit consultant, information and technology manager, chief financial officer, head of people culture and safety, asset manager and head of sales and customer experience. The CEO interviewed explained the strategic framework for the village, its reflection of collaboration with Māori that aligns with the Ministry of

		Health strategies and addresses barriers to equitable service delivery. There is a diverse Board of Trustees including Māori representation who provide guidance with Tikanga, cultural leadership, and oversight with service provision. The village has also fostered relationship with Ngati Whatua Orakei marae who are supporting the service from governance level to operational services. The Board attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and Te Reo and cultural safety. The quality programme includes a quality programme policy, quality goals (including site specific business goals) that are reviewed monthly in meetings, and are completed for any quality improvements/initiatives during the year. The clinical governance committee also reviews a clinical incident report at each committee meeting. The director of care and operations (RN) has been in the role for 15 years and has many years' experiences in managerial roles in the health industry including aged care. The director of care and operations is supported by a team of experienced registered nurses including a clinical manager who has been with the organisation for 17 years and four nurse managers (one assigned to each house of St Andrews Village). There are also afternoon supervisors seven days a week that oversee all clinical aspects across the service after 5 pm. The director of care and operations has completed more than eight hours of training related to managing an aged care facility and include leading clinical governance in aged care, attending ARC meetings, being a board member for other providers, cyber security, lifestyle inventories and leadership styles training and attendance to conferences and professional study days.
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.	FA	St Andrews Village has a documented quality and risk management program. The programme includes performance monitoring and benchmarking through internal audits, the collection, collation, internal and external benchmarking of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data is critically analysed for comparisons and trends to improve health equity. A registered nurse holds the position as

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.		clinical quality facilitator (supported by the quality and audit consultant) and assists with the implementation of internal audits and associated corrective actions. Policies and procedures and associated implementation systems provide assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place and managed by the clinical quality facilitator in collaboration with the executive team. Any new policies or changes to policy are approved by the executive team and communicated to staff. Regular executive team meetings, clinical quality and risk meetings, registered nurse and enrolled nurse meetings and house meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Internal audits, meetings, and collation of data are documented as taking place with corrective actions documented where indicated to address service improvements. Corrective actions related to internal audits, meetings and complaints are signed off when achieved. Quality data and trends in data are posted, and accessible to staff in nurses' stations. St Andrews Village implements a continuous quality improvement approach with service delivery including critical review of clinical data, benchmarking and facility processes and identifying opportunities for improvement. Quality improvement projects are documented in relation to improving the document management system and process, reduction of urinary tract infections, and the implementation of a varied and meaningful activities programme. Progress of the projects is discussed and reviewed in meetings with evidence of ongoing evaluations documented. Annual resident and relative satisfaction surveys are conducted. The 2025 results have been collated, analysed and outcome been shared with staff, residents and family/whānau. Outcome of the results confirm high levels of satisfaction with service provision. The care centre had a Net Promoter Score of +44; the care suites +52 and the relatives +57. There were positive comments in relation to cleaning, caring staff, food, activities. The service is implementing corrective actions in relation to environmental noise as an area that was identified as

		requiring improvement. Health and safety policies are implemented and monitored through bi monthly health and safety meeting and facility meetings. Risk management, hazard control and emergency policies and procedures are in place. There is a health and safety committee which oversees the implementation of the health and safety programme. The committee has staff representatives from all service areas of the village. Seven health and safety representatives have completed relevant unit standards via external training. An up to date hazard and risk register was sighted (last reviewed July 2025). The noticeboards keep staff informed on health and safety issues. Staff and external contractors are orientated to the health and safety programme. In the event of a staff accident or incident, a debrief process is documented. There have been two staff related incidents reported to work safe since last audit. Both incidents were fully investigated, corrective measures put in place, including debriefs and at the time of the audit, both staff had been supported and returned to full time work. Electronic entries are completed for each incident/accident. Adverse event entries reviewed had immediate actions, follow up actions, and next of kin notification documented. Incident and accident data is collated and analysed monthly. Benchmarking occurs internally and externally with eight other aged care facilities. Trends are analysed and summaries of monthly data are documented with opportunities to minimise future risks. Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed to notify HealthCERT around failure of the electronic medication system, changes in governance and outbreaks. Severity assessment code (SAC) notifications have been submitted relating to falls resulting in injury and pressure injuries stage three and above. There have been outbreaks reported which were appropriately reported to relevant authorities. There have been notifications to work safe appropriately reported with corrective actions put in place.

Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. The director of care and operations, clinical manager, and admissions manager work Monday to Friday. The roster reviewed demonstrates that the four nurse managers ensure there is seven days cover, with at least one senior clinical staff member on site. There is an afternoon shift supervisor (RN) on seven days a week who provides clinical oversight for the village. The clinical manager, nurse managers, and clinical support nurse share on call after hours for all clinical matters. The director of care and operations is on call 24/7 for any non-clinical concerns. The facilities manager is available for maintenance and property related calls. There are separate staff dedicated to laundry, cleaning, recreation, maintenance, and food services. Review of the previous two-week roster evidences sufficient and appropriate coverage for the effective delivery of care and support to meet the needs of the service and provide culturally, and clinically safe services proportionate to the needs and number of residents on site. There is a registered nurse on each shift. There is always a palliative care nurse specialist from the hospice rostered Monday to Friday during work hours for the three hospice beds. After hours and on weekends the registered nurses on duty provide oversight of the palliative care residents with escalation to the on-call palliative care doctors from the hospice. The number of personal care assistants on each shift is sufficient for the acuity, layout of the facility, support with the workload, and to provide safe and timely care on all shifts. There is evidence to show absences and sick leave are covered by extending working hours or use of the casual pool of staff. There is use of agency staff as required. There were no staff vacancies reported at the time of the audit. Staff and residents are informed when there are changes to staffing levels, evidenced in meeting minutes. Residents confirm their care requirements are addressed in a timely manner. On the days of the audit, staff were visible and were attending to call bells in a timely manner, as confirmed by the residents interviewed. Staff interviewed stated that shifts are well covered, staff replaced or moved around from other areas for short notice absences and there was good teamwork. Residents and family/whānau interviewed

		reported that there are adequate staff numbers. The annual training programme exceeds eight hours annually. There is an attendance register for each training session and individual staff member record of educational courses offered, including: in-services, competencies and external professional development. All senior personal care assistants, enrolled nurses, and registered nurses have current medication competencies. St Andrews Village supports and encourages personal care assistants to obtain a New Zealand Qualification Authority (NZQA) qualification through Careerforce. There are 92 personal care assistants in total, 66 of whom have achieved NZQA level three and above qualification. Twenty staff are regularly rostered in the dementia unit, 17 staff have achieved the required dementia related unit standards and three are registered and in the process of completing the unit standards. Registered nurses are supported to maintain their professional development and competencies. There are implemented competencies for registered nurses and personal care assistants related to specialised procedures or treatments, including (but not limited to) wound management, medication, and insulin competencies. At the time of the audit there was one enrolled nurse and 36 registered nurses (including the clinical manager and those in senior clinical support roles such as clinical training coordinator, clinical support registered nurse, clinical quality facilitator), and twenty-eight registered nurses have completed interRAI training (including the clinical manager). Staff have completed training that covers Māori health development, cultural diversity, cultural awareness, safety, and spirituality training which support the principles of Te Tiriti o Waitangi. Learning opportunities are created that encourage collecting and sharing of high-quality Māori health information. Staff wellness is encouraged through participation in health and wellbeing activities.
Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills,	PA Low	There are comprehensive human resources policies including recruitment, selection, orientation, and staff training and development. Staff files are securely stored. Sixteen staff files reviewed evidenced

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.		implementation of the recruitment process, employment contracts, and police checking. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. All staff sign their job description during their onboarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities, and any additional functions (restraint coordinator, infection prevention, and control coordinator). A register of practising certificates is maintained for all health professionals, including (but not limited to) registered nurses, enrolled nurses, general practitioners, nurse practitioner, physiotherapist, pharmacist, dietitian, and podiatrist. All staff who had been employed for more than 12 months have an annual performance appraisal completed. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. The orientation programme is tailored specifically to each position and monitored by the managers. However, not all the files reviewed had evidence of completed orientation. Competencies are completed at orientation and annually. The service demonstrates that the orientation programmes support staff to provide a culturally safe environment to Māori. Ethnicity data is identified, and an employee ethnicity database is available. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff and is a focus of the health and safety team. Staff wellbeing is acknowledged through regular social events. Employee assistance programmes are made available for staff.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of	FA	Information associated with residents and staff are retained electronically and in hard copy (kept in locked cabinets when not in use). Electronic information is regularly backed up using cloud based technology and is password protected. There is a documented business continuity plan in case of information systems failure. The service takes a quality improvement approach with document control

personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.		as sighted with the ongoing project related to the management and control of documents at St Andrew's Village to ensure streamlining of documents and compliance with standards and regulations. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored on site for two years, then transferred to an offsite secure location to be archived for 10 years. Records are easily retrievable when required. The chief executive officer is the privacy officer at St Andrews Village. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Electronic resident files are protected from unauthorised access and are password protected. The service is not responsible for National Health Index registration.
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	There are policies in place for entry and declining entry. Entry into the facility is managed in a competent, equitable, timely and respectful manner as confirmed by residents and family/whānau interviewed. Review of residents' files confirmed entry to service complies with entry criteria. The service admission agreement reviewed aligns with all service requirements. Each of the 12 resident files reviewed included a signed admission agreement, signed by the resident or their enduring power of attorney (EPOA) where these were in place and had been activated. Exclusions from the service are included in the admission agreement. Admission criteria are based on the assessed need of the resident and the contracts under which the service operates. The admissions manager confirmed entry would only be declined if the entry criteria were not met. In this instance the admissions manager would liaise with the needs assessment service coordination (NASC) and the resident and family/whānau to assist them to find a suitable facility. Accurate information about the service is available in an information

		pack and on the website. Prior to entry the admissions manager meets with prospective residents and their family/whānau to provide verbal and written information, to give them a tour and to answer any questions. The admissions manager then coordinates the admission process and supports residents and their family/whānau on an ongoing basis. The service collects and collates ethnicity data for prospective residents if provided. Ethnicity information is collected at the time of admission. St Andrews Village is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and liaison with local kaumatua and Kaupapa Māori health providers.
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	FA	Twelve resident files were reviewed including: three rest home level, six hospital level (including one on palliative care funding, one young person with a physical disability [YPD] and one on orthopaedic interim care funding), and three dementia level of care. Registered nurses are responsible for conducting all assessments, and for the development and review of care plans. Residents and family/whānau confirmed they are involved in assessment, care planning and review processes and resident files show evidence of resident and family/whānau involvement. Cultural assessments are completed for all residents by the diversional therapist who has been trained to do so. Residents who identify as Māori have personal profiles and individual care plans that include cultural preferences, whānau involvement and tikanga considerations to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes. Māori care plans are based on Te Whare Tapa Whā model of wellbeing. Residents who identify as Pasifika have care plans in place that address their cultural needs and aspirations. Registered nurses interviewed confirmed they have been trained in Te Tiriti o Waitangi, cultural awareness and tikanga best practice. The clinical manager reported any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified, and strategies to manage these are documented. Staff confirmed they understood the process to support residents and family/whānau.

		All residents have admission assessment information collected and an interim care plan completed at the time of admission. All reviewed files have up to date interRAI assessments completed (including the YPD). The residents on palliative and orthopaedic interim care funding do not have interRAI assessments but registered nurses have completed comprehensive assessments using validated assessment tools and a holistic care plan is in place. Resident files reviewed confirmed the initial interRAI assessments and initial and long-term care plans were completed in a timely manner and within the required timeframes. All long term care plans reviewed included interventions to manage all risks, early warning signs, and guide care delivery. The care plans are holistic and align with the service's model of person centred care. InterRAI assessments and care plan evaluations are completed at least six monthly or when residents' needs changed. Evaluations document the progress towards the individual`s goals and if they are met or unmet. Short term care plans for short term needs such as infections and wounds were well utilised, with interventions transferred to the long term care plans in a timely manner. The service actively reviews the InterRAI outcome scores for each resident and compares with the previous interRAI in the case conference meeting. This meeting occurs six monthly and family/whānau and residents attend or where family/whānau cannot attend they are involved via electronic means. The registered nurses use the case conference to discuss if there are any other interventions that might be helpful if interRAI scores have dropped. A nurse practitioner is employed and they and three general practitioners ensure residents are assessed within five working days of admission. The general or nurse practitioner reviews each resident at least three monthly and more often when there are concerns. The general practice provides 24/7 on-call services. The clinical manager and nurse managers are rostered on call for 24/7 clinical advice and decision making as required. When interviewed, the nurse practitioner expressed the senior registered nurses have excellent clinical skills and communicate with them in a timely manner when there are concerns about residents. Specialist referrals are initiated as needed. Allied health interventions are documented and integrated into care plans. The service has an independent physiotherapist contracted to work 15 hours per week. A dietician is contacted as required. A

		continence advisor, hospice specialists, mental health team, and wound nurse specialist are available as required. A podiatrist visits every six weeks. Personal care assistants and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written at least daily by registered nurses for hospital level residents and at least weekly for rest home level residents. Progress notes are written each shift by personal care assistants. The electronic progress notes detail any new events (infections and incidents as examples) and follow up for any interventions (wound dressings as an example). The registered nurses further add to the progress notes following, general or nurse practitioner visits or changes in health status. Residents interviewed reported their needs and expectations are being met, and family/whānau confirmed the same regarding their loved ones. When a resident's condition alters, the registered nurses initiate a review with the general or nurse practitioner. Family/whānau stated they are notified of all changes to health, including infections, accident/incidents, general and nurse practitioner visits, medication changes, and any changes to health status, and this was consistently documented in the resident's progress notes. A wound register is maintained. There was a total of 136 wounds being managed by staff including two pressure injuries (one stage two and one suspected deep tissue injury), chronic lesions, surgical wounds, and skin tears. A sample of wound documentation was reviewed and there were comprehensive wound assessments, wound management plans, and documented evaluations, including photographs to show healing progression. Wound management is holistic and includes nutrition and positioning (as examples). Personal care assistants and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources. Care plans reflect the required health monitoring interventions for individual residents. Personal care assistants and registered nurses complete monitoring charts, including charts for bowels, weight, food and fluid, pain, behaviour, blood glucose levels, and repositioning.

		Neurological observations are completed as per the policy for unwitnessed falls or where a head injury is suspected.
Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.	FA	There is a full time diversional therapist (DT) who is the therapeutic recreation lead. There are four other DT's and four part time activity assistants. The activities program operates Monday to Saturday, with Sundays being kept as family time, with activity resources and assistance from care staff available as required. All have first aid certificates. The overall programme has integrated activities that is appropriate for all residents. The activities are displayed in large print on all noticeboards, and each resident has a copy. They include exercises, walks, sing a-longs, word games, board games, ball games, skittles, movies, arts and crafts, van outings, happy hour, and baking. The programme allows for flexibility and resident choice of activity. One on one activities such as individual walks, chats, hand massage/pampering occur for residents who are unable to participate in activities or who choose not to be involved in group activities. There are plentiful resources. The service has two resident dogs, and a cat in the secure dementia unit. Pet therapy is a regular feature of the programme, with residents recently enjoying a large-scale activity in the communal courtyard. There is a volunteer coordinator who assists the activities team by organising volunteers to sit with residents, read to them or help with group activities. There is a pastoral team who organise weekly church services or work with residents one on one. A priest visits to give Catholic residents communion. There are visiting entertainers, school and cultural groups as observed on the days of audit. Residents are encouraged to maintain links to the community whenever possible, with residents knitting squares, which are then combined into blankets and donated to local charities. Each area has a van outing at least weekly. There is a café on site and residents, and their families are encouraged to utilise this. Celebrations occur and on the days of audit residents were preparing for upcoming Mother's Day celebrations. There are weekly church services in the chapel on site. Seating areas where quieter activities can occur, libraries and reading nooks are available. There is a hairdressing salon. Cultural safety and te ao Māori

		are embedded into the programme. Residents have opportunities to participate in waiata, flax weaving, Māori art and crafts, quizzes incorporating te reo Māori, and culturally themed events such as Matariki and Waitangi Day. Everyday te reo Māori is used in activities and is visibly promoted through signage and activity resources. Residents in the dementia units are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities and includes physical, cognitive, creative, and social activities. Each resident has individual activities care plan, and dementia residents have 24-hour activities plan which includes strategies for distraction and de-escalation. Residents from the unit are also accompanied by staff who facilitate participation in joint communal activities with residents from other areas. Younger residents have age appropriate activities documented, including the use of technology and is supported to access the community. The residents enjoy attending the activities and enjoy contributing to the programme. A resident social profile and activity assessment informs the activities plan. Individual activities plans were seen in resident files reviewed. Activities plans are evaluated six monthly. The service receives feedback and suggestions for the programme through resident meetings and resident surveys. The residents and relative interviewed were happy with the variety of activities provided.
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	A medication management policy is implemented for safe medicine management, and this meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training. Staff were observed to be safely administering medications. Registered nurses and personal care assistants interviewed could describe their role regarding medication administration. The facility uses robotic rolls. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy.

		Unused and expired medications are returned to the pharmacy. Medications are stored securely. There are six medication rooms. Medication trolleys are stored in the locked medication rooms. Medication trolleys were observed to be locked when not in use. The medication refrigerator temperatures are monitored daily, and records show they are within an acceptable range. Room temperatures in the medication rooms are monitored daily and maintained within an acceptable range. All medications, including stock medications are checked monthly. All eyedrops have been 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 general or nurse practitioner and charted on the electronic medication chart. Twenty four electronic medication charts were reviewed. The medication charts reviewed confirmed the general or nurse practitioner reviews all resident medication charts at least three monthly and each chart has a photo identification and allergy status identified. Currently there are no residents self-administering their medications. The policy includes a requirement for residents who wish to self-administer their medications to be competency assessed by the general or nurse practitioner. There are lockable drawers in resident rooms for the safe storage of medications. Pro re nata (prn) medications are administered as prescribed and effectiveness is documented on the electronic medication system. Medication competent personal care assistants and registered nurses sign when the medication has been administered. There are no vaccines kept on site. The facility does not use standing orders. Residents and family/whānau are updated around medication changes, including the reason for changing medications and potential adverse reactions. This is documented in the progress notes. The registered nurses described the process to work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/ whānau are supported to understand their medications.

Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	All meals at St Andrews Village are prepared and cooked on site in the main kitchen. Trained kitchen staff plate the meals and place them in hot boxes to maintain safe serving temperatures and presentation. Meals are then transported to the dining areas and resident rooms, where personal care assistants serve them to residents. A contracted dietitian supports menu development, reviews the nutritional value of meals, and oversees the implementation of the food control plan and related food service policies. Menus meet residents' nutritional needs and reflect their preferences, cultural practices, and dietary requirements, including vegetarian, gluten-free, and pureed diets. Alternative options are available for personal, cultural, or religious needs, and nutritious snacks are available 24 hours a day. The kitchen at St Andrews Village was clean, well-organised, and appropriately equipped to support safe food preparation and service. St Andrews Village operates under a current, approved food control plan. Nutrition Management policies and a food services manual guide all aspects of food preparation, handling, storage, and service to ensure compliance with food safety legislation. Registered nurses maintain an up to date dietary register that records each resident's nutritional needs, preferences, and specific requirements. This includes allergies, intolerances, dislikes, meal and dessert textures, drink consistency, serving size, and breakfast preferences. The catering manager is promptly notified of any changes to ensure menus remain aligned with residents' assessed needs and care plans. Food safety and hygiene practices are consistently implemented. The catering manager and head chef (both interviewed) maintain a daily food safety diary, including monitoring and documenting fridge, freezer, and cooked food temperatures, all of which were observed to be within safe limits. Cleaning schedules are current and consistently followed. Staff were observed adhering to organisational food safety protocols and wearing appropriate protective clothing. All food service staff have completed relevant training in food safety and hygiene. Residents and whānau provide feedback on the food service through resident and family meetings and satisfaction surveys. Feedback received during the audit was consistently positive regarding the

		quality, variety, cultural suitability, and presentation of meals. The dining environment at St Andrews Village was calm, well supervised, and culturally respectful. Staff supported residents' independence using adaptive equipment where required. Tikanga guidelines were understood and applied in everyday practice, reflecting the principles of tapu and noa in mealtime routines. St Andrews Village adopts a holistic and culturally inclusive approach to menu development. Menus respect cultural beliefs, food protocols, and values, and Māori residents and whānau are offered culturally appropriate meal choices aligned with te ao Māori.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.	FA	Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a different level of care. Discharge and transfer are planned processes that are communicated with residents and their family/whānau. Residents and family/whānau are advised of the reason for transition/transfer, options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested. In order to coordinate a supported transition of care or supports, when residents are transferred to the public hospital, their family/whānau is informed, the registered nurse completes a set of transfer documents, and the general or nurse practitioner makes the referral to hospital. In urgent situations the resident is transferred to hospital by ambulance after consultation with the family/whānau. Relevant documentation sent with the resident includes a printout of their current medications, care needs, and a copy of enduring power of attorney documents. Where resident's wish or need to be seen by another health service, referral is made, examples sighted included referrals to the dietician, speech language therapist, and specialist clinics at the hospital. Residents attending external appointments are encouraged to be accompanied by their family/whānau.

Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well 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 buildings, plant, and equipment at St Andrews Village are fit for purpose and comply with all relevant legislative and regulatory requirements for health and disability services. A current Building Warrant of Fitness, valid until 30 June 2026 is displayed in a public area. The environment is culturally inclusive and supports residents' identity, values, and practices. The fulltime facilities manager leads a maintenance team, including gardeners, painters and an inhouse electrician and plumber. This team is responsible for the entire village and care centre. There is an electronic preventative maintenance schedule. The reactive maintenance programme is also electronic. Staff request assistance on the 'my building 'system, this is checked by maintenance and signed off when repairs have been completed. Electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures takes place. Testing and tagging of electrical equipment was completed in March 2026. Checking and calibration of medical equipment, hoists and scales is next due in September 2026. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external courtyards and gardens (each wing) have seating and shade. The dementia unit in Bruce house has a fenced secure garden, with walking path, raised garden beds, and items of interest for the resident. The nurse manager advised all plants in the dementia area are non-toxic. There is safe access to all communal areas. Personal care assistants interviewed stated they have adequate equipment to safely deliver care for rest home, hospital, and dementia level of care residents. All rooms (apart from three care suites) are single occupancy, and all have ensuites. This includes the three bed hospice unit. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. The audit verified the conversion of one hospital level care bed to create an additional staff office and the addition of three hospital level care beds (from the reopening of part of Douglas House). The 147 beds now includes 28 dedicated dementia level care beds, 42 hospital level care beds and 77 dual purpose beds.

		There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment, and rooms have ceiling hoists. Staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit. Each wing has an open plan lounge and dining room. Each dining room has a satellite kitchen, and food is served here from a temperature controlled cabinet or a bain-maire. There are water coolers in each area. There are seating alcoves throughout the facility. There is safe access to the courtyards/gardens, and there are two large communal areas which may be used for large gatherings. All communal areas are easily accessible for residents with mobility aids. All bedrooms and communal areas have ample natural light, ventilation, and thermostatically controlled heating. The facility is non-smoking. There is a current construction project underway. The service has consulted with local iwi kaumātua future to ensure environmental design aligns with Māori values, identity, and aspirations.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	FA	Emergency management policies, 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. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six monthly and was last held November 2025, and due 27 May 2026. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in a civil defence response cupboard. This is checked six monthly. In the event of a power outage there is back up power available (the facility has two generators) and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff

		orientation and external contractor 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. All resident rooms, communal areas, and bathrooms are equipped with call bells linked to display panel, and staff phones. This includes the three beds that were verified at the time of the audit as suitable for hospital level care (from the reopening of part of Douglas House). Residents were observed to have call bells or sensor mats within reach. Residents and families interviewed confirmed that call bells are answered in a timely manner. The building is secure after hours, staff complete security checks at night. There are security cameras installed outside, and a security firm patrols at least twice a night.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.	FA	Infection prevention and control and antimicrobial stewardship (AMS) are integral parts of the organisation's business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. A registered nurse is appointed as the infection prevention and control coordinator and oversees infection prevention and control across the service. The job description outlines the responsibility of the role. The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The programme is linked into the quality risk and incident reporting system. The Infection Prevention & Antimicrobial Stewardship policies were updated in January 2026, which refers to a set of commitments and actions that the village follows that optimise the treatment of infections while reducing adverse events associated with antibiotic use. The infection prevention and control programme is reviewed annually and was last reviewed in May 2026. The infection rates are presented and discussed at the infection control meetings and reports are included as part of the monthly reports to the Board. The reports received by the Board include those relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources, and costs associated with infection prevention and

		control, and anti-microbial stewardship (AMS), including any significant infection events. The service also has access to an infection prevention clinical nurse specialist from Health New Zealand, the general practitioners, and nurse practitioner. There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations.
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 infection prevention and control, and Antimicrobial Stewardship (IPAS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The programme is linked into the electronic quality risk and incident reporting system. The infection prevention and control programme is reviewed annually (last reviewed May 2026). The infection prevention and control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. The infection prevention and control coordinator has a signed job description. The infection prevention and control coordinator is a registered nurse who is supported in their role by the clinical manager. They have completed additional training around infection control and antimicrobial use (last completed November 2025). The infection prevention and control committee comprises of a representative from each department and all roles within the village and meets every two months to review the two monthly trends. Handovers and house meetings provide an opportunity to review new infections and emergent issues. Facility meetings discuss relevant policy and document changes, relevant education, data and analysis, audits, and any concerns. The service has access to IPS, infection prevention services and infection control specialists from Health New Zealand. On interview, staff were familiar with infection prevention practices and confirmed ongoing training and annual competencies for hand hygiene and

		correct use of personal protective equipment. The infection control audit monitors the effectiveness of education and infection control practices. The infection prevention and control coordinator has input in the procurement of consumables and personal protective equipment (PPE). Sufficient resources, including PPE, were sighted and these are regularly checked against expiry dates. There are resources readily accessible to support the pandemic plan and outbreak management plan. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. The infection prevention and control coordinator conducts spot audits on hand hygiene practices. The service has infection prevention information and hand hygiene posters in te reo Māori. The infection prevention and control coordinator stated they collaborate with Māori residents, in partnership with them and their whānau, for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed understood cultural considerations related to infection control practices and information is available in te reo Māori. There are policies and procedures in place around reusable and single use equipment. Single use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The policies and procedures require that the infection prevention and control coordinator as well as the committee would be involved should there be any changes or refurbishment of the facility. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, and emails. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation	FA	The antimicrobial stewardship programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The antimicrobial stewardship programme is linked to the

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.		electronic quality risk and incident reporting system. The programme and associated policies have been reviewed annually and approved by the infection prevention and control committee. Reports from the infection prevention and control committee are included in the monthly report to governance. The programme aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The infection prevention and control coordinator works in collaboration with the general practitioners, nurse practitioners, and the pharmacists to monitor the use of antibiotics Quantity and types of antibiotic usage is monitored monthly. Staff, residents and family/whānau have received education on antibiotic usage when prescribed. Monthly records of infections and prescribed antibiotic treatment were maintained. The effects of the prescribed antimicrobials are monitored, and the infection prevention and control lead reported that any adverse effects are reported appropriately to the general practitioners, and nurse practitioner. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	FA	Infection surveillance is an integral part of the infection prevention and control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practised. Infection control surveillance is discussed at house, registered nurse and enrolled nurse, infection prevention and control and clinical quality and risk meetings. The service has incorporated ethnicity data into surveillance methods and data captured is easily extracted. Internal benchmarking is completed by the infection control coordinator and meeting minutes and graphs are displayed for staff. Data is also externally benchmarked with eight other aged care providers. Action

		plans are required for any infection rates of concern. Continuous quality improvement approach is implemented for infections of concern as sighted with an ongoing quality project aimed at reducing urinary tract infections (UTIs) through staff training, use of the UTI decision making tool and discussions during meetings and handover. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Health New Zealand for any community concerns. There have been two outbreaks (Covid 19 in April 2025 and December 2025) since last audit. The facility followed their outbreak and pandemic plan and managed to contain the outbreaks to three and 10 cases respectively. There were clear communication pathways with responsibilities and included daily outbreak meetings and communication with residents, family/whānau and staff. Case logs were completed (sighted). Staff stated the implementation of the outbreak plan was swift and successful.
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	There are organisational policies and procedures around waste management, chemical safety, use of personal protective equipment, laundry, and cleaning processes. Staff follow the documented policies and processes for the management of waste and infectious and hazardous substances. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas on the trolleys. The trolleys are kept in locked cleaner's rooms in each unit when not in use. Safety data sheets and product sheets were available. Sharps containers were available and met the hazardous substances regulations for containers. Gloves, aprons, and masks were available for staff, and they were observed to be wearing these as they performed their duties on the days of audit. There is a sluice room in each area and a macerator in each sluice room with stainless steel bench and separate handwashing facilities. Eye protection and other PPE were available. Staff have completed chemical safety training. Laundry and cleaning processes are monitored for effectiveness through internal audits and resident and family/whānau feedback. All laundry is completed on site. There are designated laundry staff on

		duty each day. There is clear separation between the handling and storage of clean and dirty laundry. Personal laundry is delivered back to residents in named baskets. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted was in good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly. The infection prevention and control coordinator and household support manager oversee the implementation of the cleaning and laundry audits.
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 facility is committed to providing services to residents without use of restraint. Restraint policy confirms that restraint consideration and application must be done in partnership with families and the choice of device must be the least restrictive possible. At all times when restraint is considered the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. The designated restraint coordinator is a registered nurse. There are 10 residents listed on the restraint register as using a restraint (five hospital, and five dementia). Two dementia level resident used dignity suits, and three had the use of low beds listed as a restraint. Two hospital level residents used low beds, two used padded bed rails, and one used both. The use of restraint is regularly reviewed in the two monthly restraint committee meetings, reported in the monthly facility clinical, staff and quality meetings and to the board via the director of care and operations and CEO. The restraint coordinator interviewed described the focus on eliminating restraint wherever possible and working towards a restraint free environment. Restraint is included as part of the mandatory training plan and orientation programme.

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	A restraint register is maintained by the restraint coordinator, detailing each episode of restraint, along with the integrated clinical record. These contain sufficient detail to provide an accurate rationale for use, intervention, duration, and outcome of the restraint. The files of the 10 residents listed as using restraint were reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (falls prevention strategies, managing behaviours). All 10 residents were using restraint as a last resort and/or at their insistence. Written consent was obtained from each resident and/or their EPOA. No emergency restraints have been required. In the event that emergency restraint may be required there is a process documented to ensure that emergency restraint is last resort and that the clinical manager has been involved in decision making. The clinical manager will work with the resident and family/whānau during and post any emergency restraint use to ensure they have been fully informed and that they are given the time to discuss the event as needed. Monitoring forms are completed electronically for each resident using restraint. Restraints are monitored at least two hourly or more frequently should the risk assessment indicate this is required. Monitoring includes people's cultural, physical, psychological, psychosocial needs, and addresses wairuatanga. No accidents or incidents have occurred as a result of restraint use. Restraints are regularly reviewed and discussed in the staff meetings. The formal and documented review of restraint use is taken after the first month of use and then three monthly, where each episode of restraint is evaluated. This includes the type of restraint used, whether the person's care plan was followed, the impact the restraint had on the person, and evidence that other de-escalation options were explored. Future options to avoid the use of restraint are also explored.
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.	FA	The service is working towards a restraint free environment by collecting, monitoring, and reviewing data and implementing improvement activities. The service includes the use of restraint in their annual internal audit programme. The outcome of the internal audit

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.		goes through to the restraint committee and the clinical, quality, and staff meetings. The restraint committee meets two monthly and includes a review of restraint use, restraint incidents (should they occur), and education needs. A consumer representative is also a member of the restraint committee. Restraint data including any incidents are reported as part of the restraint coordinator's report to the nurse managers and the organisation's director of care and operations. The restraint coordinator described how learnings and changes to care plans culminated from the analysis of the restraint data.

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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 2.4.4 Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.	PA Low	The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Six files for non-clinical staff did not have documented evidence of completed orientation on file.	Six files did not have documented evidence of orientation sighted.	Ensure that there is evidence of completed orientation for all staff. 90 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.