

M F & B K Coombes - Avon Rest Home

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:	M F & B K Coombes
Premises audited:	Avon Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 23 April 2026 End date: 23 April 2026
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	12

Executive summary of the audit

Introduction

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

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

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

Avon Rest Home is a privately owned facility certified to provide rest home level care for up to 18 residents. There were 12 residents on the day of audit.

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

The company is owned by an owner/director, supported by a registered nurse manager, both of whom are appropriately qualified, and a team of experienced care staff. There are quality systems and processes being implemented. Feedback from family/whānau was very positive about the care and the services provided.

This audit identified the service meets the standard. A continuous improvement rating is awarded at this audit for the implementation of a smoking harm reduction programme.

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.

Avon Rest Home provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is also in place.

Services and support are provided to people in a way that is inclusive and respects their identity and their experiences. Residents receive services in a manner that considers their dignity, privacy, and independence. The management and staff listen and respect the voices of the residents and family/whānau, effectively communicate with them about their choices, and accommodate their choices in care plans.

The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The current business plan includes specific and measurable goals that are regularly reviewed. The service has implemented quality and risk management systems that include quality improvement initiatives. Internal audits and the collation of clinical indicator data are documented as taking place with corrective actions as indicated. Hazards are identified with appropriate interventions implemented.

A recruitment and orientation procedure is established. Healthcare assistants are buddied with more experienced staff during their orientation. There is a staffing and rostering policy. A staff education/training programme is being implemented. Careerforce training is encouraged for all healthcare assistants.

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

Ngā huarahi ki te ora | 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.
---	--	--

Avon Rest Home has an admission package available prior to, or on entry to the service. The owner/director and registered nurse manager efficiently manage the entry process to the service. Admissions are managed by the registered nurse manager and the general practitioner. The registered nurse assesses, plans and reviews residents' needs, outcomes, and goals. The care plans demonstrated individualised care.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service. Medication policies reflect legislative requirements and guidelines. The registered nurse manager and medication competent health care assistants are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

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 are being met. The service has a current food control plan.

Residents were reviewed regularly and referred to specialist services and other health services as required. Discharge and transfers are coordinated and planned.

Te aro ki te tangata me te taiao haumarū | 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 building warrant of fitness certificate. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All bedrooms are single. Rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate.

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 consumers, service providers and visitors. The infection prevention and control programme are implemented and meets the needs of the organisation and provides

information and resources to inform the service providers. Documentation evidences relevant infection prevention control education is provided to staff as part of their orientation and the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size of Avon Rest Home. 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 and outbreak (including Covid-19) response plans are in place and there is adequate personal protective equipment and supplies. There have been no outbreaks since the previous audit.

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. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. Incidents are documented in a timely manner and as per policy. Chemicals are stored securely and safely. Fixtures, fittings, and flooring is appropriate for cleaning.

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.
---	--	--

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a RN. The facility has no restraints. Education is provided to staff around restraint minimisation. Avon Rest Home's objective is to remain restraint free.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	1	167	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	A Māori health plan and associated cultural policies are documented for the service. As a key element of cultural awareness, safety, and competency, Avon Rest Home acknowledges and is committed to the unique place of Māori under Te Tiriti o Waitangi. Avon Rest Home is committed to providing services in a culturally appropriate manner and ensuring that the integrity of each person's culture is acknowledged, respected, and maintained. Key relationships with Māori are in place through consultation with existing Māori staff, whānau, and community links. The service had residents who identified as Māori at the time of the audit. Cultural training for staff begins during their orientation and continues as a regular in-service topic, with staff completing a written competency to reinforce their understanding. Training covers discussions in relation to the importance of Te Tiriti o Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents. The service supports increasing Māori capacity by employing more Māori applicants when they apply. At the time of the audit, there were Māori staff members. Staff have access to relevant tikanga guidelines.

		Family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs, as evidenced in interviews with four residents, and two family/ whānau members. Management (owner/director, and RN manager) and three staff interviewed (two healthcare assistants, and one cook) described how the delivery of care is based on each resident's 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	A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of the Pacific culture. The Pacific health plan has been written by an external consultant, well-known and respected in the industry, who had input from their Pacific community contacts. The service works with this consultant, and their Pacific community links to improve outcomes, health, and wellbeing of Pacific peoples. On admission all residents state their ethnicity. There were no residents that identified as Pasifika at the time of audit. The management team confirmed that family members of any Pacific residents would be encouraged to be present during the admission process, including completion of the initial care plan. For all residents, individual cultural beliefs are documented in their care plan and activities plan. The management team described how they encourage and support any applicants that identifies as Pasifika, during the interview process. There were staff that identified as Pasifika at the time of the audit. Interviews with the management team, residents, and staff confirmed the service puts people using the services and the local community at the heart of their services.
Subsection 1.3: My rights during service delivery	FA	The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in

The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.		English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The owner/director, or registered nurse manager discuss aspects of the Code with family/whānau on admission. Residents, enduring power of attorney (EPOA), or welfare guardians sign to acknowledge that they have been provided with written information explaining the Code and its application to an aged care environment. Discussions relating to the Code are held during resident/family/whānau meetings. The residents, and family/whānau members interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful. There are links to spiritual supports. Information about the Nationwide Health and Disability Advocacy Service is available at the entrance and in the entry pack of information that is provided. Staff receive education in relation to the Code, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews and in policy.
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	Care staff interviewed described how residents are supported in a way that is inclusive and respects their identity and experiences. The service completes an annual resident and family/whānau survey which demonstrates high levels of satisfaction with no corrective actions arising from the December 2025 survey, or the previous one in 2024. It was observed that residents are treated with dignity and respect, and this was also confirmed during interviews with residents, staff and family/whānau. A sexuality and intimacy policy is in place. 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. The family/whānau members interviewed were positive about the service in relation to their loved one's values and beliefs being considered and met. This was corroborated by the residents interviewed. Privacy is ensured and independence is encouraged. Five residents' files reviewed identified residents' preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place. Te reo Māori signage was evident in a range of locations. Cultural training and policies which incorporate Te Tiriti o Waitangi and tikanga Māori training are in place. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living and non-living things. Written information referencing Te Tiriti o Waitangi is available for residents, family/whānau, and staff to refer to.
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	An abuse and neglect policy is being implemented. Avon Rest Home policies aim to prevent any form of discrimination, coercion, harassment, abuse and revictimization, or any other exploitation. Cultural days are held to acknowledge cultural diversity. Staff are educated on how to value the older person, showing them respect and dignity. All family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The service respects residents' property, and implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with the RN manager and healthcare assistants (HCAs) confirmed their understanding of professional boundaries, including the boundaries of their job role and responsibilities. Professional boundaries are covered as part of orientation. Staff interviews confirm that they would be comfortable addressing racism with the management team if they felt that this was an issue. A strengths-based and holistic model is prioritised in the Māori health

		plan to facilitate wellbeing outcomes for any Māori residents.
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 regarding the services offered is provided to residents and family/whānau on admission. Quarterly formal family/whānau meetings facilitate effective communication with residents, family/whānau, and identify feedback and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Accident/incident forms have a section to indicate if family/whānau have been informed (or not). Family/whānau members interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event. An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there was no residents who were unable to speak or understand English. Staff interviewed described how they are able to use non-verbal communication, an electronic translation app, and utilise family members as interpreters to effectively communicate with residents if required. Non-subsidised residents' family/whānau are advised in writing of their eligibility and the process for them to become a subsidised resident should they wish to do so. The family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. There is a multidisciplinary team approach to care at Avon Rest Home.
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	FA	There are policies around informed consent. The five resident files reviewed included signed general consent forms and other consent to include vaccinations, outings, and photographs. Residents, and two family/whānau members interviewed could describe what

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.		informed consent was and knew they had the right to choose. Staff interviewed confirmed they facilitated choice for residents through individualised interaction and care. There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with residents and family/whānau members demonstrated they are involved in the decision-making process, and in the planning of care. Admission agreements are signed and were sighted in all the files seen. Copies of enduring power of attorneys (EPOAs) and activation letters were on resident files reviewed. The service has Māori tikanga guidelines available for staff to ensure they are able to provide appropriate information for residents, family/whānau and in care planning as required. Examples of te reo Māori are evident around the building.
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 and is available in te reo Māori. The RN manager is responsible for maintaining the complaints register. There have been no internal or external complaints received by the facility since the previous audit. The management team could evidence the complaint documentation process including acknowledgement, investigation, follow-up letters and resolution to demonstrate that any complaints received would be managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Discussions with family/whānau members confirmed they are provided with information on how to make a complaint, and complaints forms are available at the entrance to the facility. There are a variety of avenues through which complaints can be lodged, or concerns expressed (eg, verbally, in writing, or through an advocate). Regular meetings, and the open-door policy are avenue to provide family/whānau with the opportunity to voice their concerns. This is encouraged by the management team and staff, facilitating an equitable process for all cultures. Complaint forms and advocacy brochures are held at the entrance to the facility. Family/whānau making a complaint are supported to

		involve an independent support person in the complaints process if they choose. The management team acknowledged the importance of face-to-face communication with 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	The service is operated by M F & B K Coombes Rest Home Limited, trading as Avon Rest Home. The owner/director is supported by the RN manager. The RN manager reports to the owner/director. Monthly reports to the owner/director showed adequate information to monitor performance is reported including potential risks, contracts, human resource, staffing, growth and development, maintenance, quality management and financial performance. The strategic business plan includes the scope, direction, goals, values, and mission statement of the organisation. The management team meet at least monthly, and other issues are discussed as they occur on a regular basis. The service provides rest home level care for up to 18 residents. There were 12 residents receiving services on the day of the audit, including 1 resident on a long-term service chronic health contract (LTS-CHC), and 1 young person with a disability (YPD). All residents apart from the LTS-CHC, and YPD were under the age-related residential care (ARRC). The service is managed by staff who have vast experience and knowledge in the health sector. Responsibilities and accountabilities are defined in job descriptions and individual employment agreements. The registered nurse, general practitioner, and external consultant provide clinical governance. The owner/director has over 28 years' experience in the health care sector while the RN manager has been at the facility since 2013. The owner/director is the health and safety officer and confirmed that policies and procedures on quality, and health and safety align with relevant legislation and contractual requirements. This was evidenced in the documentation review carried out prior to the onsite audit. The owner/director interviewed explained the strategic plan, its

		reflection of collaboration with Māori that aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The service has engagements with local Māori leaders to ensure high quality service is provided to residents who identify as Māori. Cultural assessments and care plans are based on Te Whare Tapa Whā Māori model of care. Collaboration with staff and whānau who identify as Māori and/or tāngata whaikaha (the disability sector) reflect their input for the provision of equitable delivery of care. Staff stated they focus on improving outcomes for all residents including Māori and people with disabilities. The owner/director and RN manager have demonstrated expertise in Te Tiriti o Waitangi, health equity, and cultural safety as core competencies through completing the same training as the facility staff members. The owner/director and RN manager reported that the service has meaningful relationships with kaumātua/kuia at governance, operational and service level, that is appropriate to the size and complexity of the organisation. The management team regularly attend aged care updates and their staff files evidence that they attend over eight hours of professional development per year relating to their role and responsibilities. The service utilises Care Association New Zealand (CANZ) policies, which align with the Ngā Paerewa Health and Disability Services Standard 2021.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care	FA	Avon Rest Home has an implemented quality and risk management system. Quality and risk performance is reported in the monthly staff meetings, monthly management meetings, and to the owner/director. Annual quality improvement goals are described and include plans to achieve these goals. Interviews with the management team and staff confirmed both their understanding and involvement in quality and risk management practices. Policies and procedures align with current good practice and are suitable to support residents. Policies are reviewed at a minimum of two-yearly, modified (where appropriate) and implemented. New policies are discussed with staff. The review of policies and quality

and support workers.		goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa Standard are processes that provide a critical analysis of practice to improve health equity. Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a range of adverse event data and is collated and analysed. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity. A continuous improvement rating is awarded at this audit for the implementation of a smoking harm reduction programme. An internal audit programme is being implemented. Corrective actions are implemented where improvements are identified. Families/whānau have the ability to provide feedback via annual satisfaction surveys; the most recent of which was December 2025, which showed high levels of satisfaction, and required no corrective actions. Health and safety policies are implemented and monitored. Staff are kept well informed, as evidenced in staff meeting minutes. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. This is evidenced in the accident/incident reports reviewed. The management team are aware of situations that require essential notifications. There has been one occasion requiring a Section 31 report (Medimap outage), and no severity assessment code (SAC) notifications requiring submission since the previous audit. The Staff have completed cultural training to ensure the service can deliver high quality care for Māori.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen	FA	There is a policy describing safe staffing levels. The roster provides sufficient and appropriate cover for the effective delivery of care and

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.		support. Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Good teamwork amongst staff was highlighted during the staff interviews. Staff and residents are informed when there are changes to staffing levels, evidenced in staff and resident interviews. The RN manager, and owner/director are available Monday to Friday and are on call 24/7. The RN manager takes over managerial duties in the absence of the owner/director, with the clinical on call component being covered by a contracted registered nurse should the RN manager be on leave. There is an annual education and training schedule being implemented. The 2025 training schedule was met, and the 2026 is being implemented. Examples of topics covered included (but are not limited to): consumer rights, elder abuse and neglect, dental hygiene, adverse event management falls prevention, infection prevention and control, first aid and CPR, pain management, and challenging behaviours. There is a staff member trained in first aid rostered 24/7. Competencies include: first aid, cultural awareness, infection control, manual handling, medication management, restraint, cultural safety and fire safety, with a fire drill held six-monthly. The service invests in staff health equity expertise and sharing of high-quality Māori health information through its cultural training programmes and staff meeting schedule. Staff participate in learning opportunities that provide them with up-to-date information, which includes training in relation to Māori health outcomes and disparities, and health equity. The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification, and the RN manager has completed interRAI training. They participate in learning opportunities provided through Health New Zealand, and local hospice. Wellbeing support is provided to staff through the availability of debriefs, Karakia, individual spiritual, cultural, and emotional support when required.
---	--	---

Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	FA	There are human resources policies in place, including recruitment, selection, orientation, staff training and development. Five staff files reviewed evidenced implementation of the recruitment process and employment contracts. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for health professionals. Staff have a performance appraisal completed annually. 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. Completed orientation programmes were sighted for all staff files reviewed. The service demonstrates that the orientation programmes sighted for HCAs supports them to provide a culturally safe environment to Māori. Information held about staff is kept secure, and confidential. An employee ethnicity database is maintained. Following any incident/accident, evidence of debriefing and follow-up action taken are documented.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.	FA	Resident files and the information associated with residents and staff are retained securely, both electronically, and in hard copy. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Resident files are protected from unauthorised access and entries on the electronic medication management system are dated and electronically signed by the relevant HCA or registered nurse. Residents archived paper files are securely stored in a locked room and are easily retrievable when required. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other

		residents or members of the public. The service is not responsible for National Health Index registration.
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 documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Five admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria are based on the assessed need of the resident and the contracts under which the service operates. The owner/director and registered nurse manager are available to answer any questions regarding the admission process and a waiting list is managed. The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. Avon Rest Home is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, and liaison with the Kaumatua from Manawanui.
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	FA	Five rest home files were reviewed for this audit (including one young person with a disability (YPD) and one long term support chronic health (LTS-CHC)). The RN manager is responsible for conducting

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.	all assessments and for the development of care plans. Residents and family/whānau interviewed report they are involved in the assessment, care planning and review process as evidenced in the files reviewed. A Māori health plan and cultural awareness policy is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. There is also a Pasifika health care plan to support Pasifika residents. All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files (excluding the LTS-CHC) had interRAI assessments completed. All files reviewed confirmed that the initial interRAI assessments and initial long-term care plans were completed in a timely manner. The long-term care plan includes interventions to guide care delivery, which are reflective of assessed needs. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations are completed at least six-monthly or when residents' needs changed. Short-term care plans for infections, weight loss, behaviour that challenges and wounds were well utilised, with interventions transferred to the long-term care plans in a timely manner. An independent general practitioner (GP) ensures residents are assessed within five working days of admission. The GP reviews each resident at least three-monthly. The GP provides on-call service for after hours and visits the facility at least once weekly. The RN manager is available 24/7 for clinical advice and decision making as required. When interviewed, the GP expressed satisfaction with the standard of care and the staff competence at Avon Rest Home. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service contacts an independent physiotherapist if required. A podiatrist visits six to eight-weekly and the mental health team are available as required. Health care assistants interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written daily by health care assistants. The RN manager further add to the progress notes if there are any
--	--

		incidents, GP visits or changes in health status. Residents interviewed reported their needs and expectations were being met, and family/whānau members confirmed the same. When a resident's condition alters, the staff alert the RN manager who then initiates a review with the GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP 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 are currently no wounds or pressure injuries. The health care assistants and registered nurse 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. Health care assistants complete monitoring charts, including blood pressure, weight, pain, behaviour, and blood glucose levels. All monitoring charts reviewed were documented as scheduled. Neurological observations have been completed for unwitnessed falls and suspected head injuries according to policy.
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 an activities coordinator who works three days a week. The programme is supported by the health care assistants, and this was observed during the day of audit. The programme is planned monthly and weekly. Staff described how they adapt the activities as needed to reflect the changing needs and preferences the residents. There is a copy of the programme on noticeboards. The activities coordinator facilitates opportunities to participate in te reo Māori, incorporating Māori language in entertainment and singing, craft, participation in Waitangi weekend, Māori language week and Matariki. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-

		on-one visits. The lounge has a television (with Netflix) and there is access to games, puzzles and books. A resident's social and cultural profile in the resident's file includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include (but are not limited to) exercise, walks, music and movement, crafts, games, quizzes, entertainers, board games, bingo and a happy hour (only serve orange juice). The activities coordinator takes the residents out on sightseeing trips in the car. Most residents enjoy walking and visits to the local shops and cafes. There is a weekly Bible study group and Catholic communion on request. Some residents attend the local church. A mental health nurse brings in his dog to visit. There are three monthly resident meetings. Residents and family/whānau can also provide feedback on activities at the six-monthly reviews. Residents and family/whānau interviewed stated the activities are enjoyable.
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 available for safe medicine management and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. The RN manager and health care assistants interviewed could describe their role regarding medication administration. The facility uses medico packs. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Medications are stored securely in a large medication cupboard. The medication trolley is always locked when not in use. The medication

		fridge and medication cupboard temperatures are monitored daily. 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 GP and charted on the electronic medication chart. Ten electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. Pro re nata (PRN) medications are administered as prescribed and effectiveness is documented on the electronic medication system or in the progress notes. Medication competent health care assistants or the registered nurse sign when the medication has been administered. . There were no residents self-administering medication; however, the service does have robust policies and processes to ensure safe management of self-administration, should this be required. 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 side effects. This is documented in the progress notes. The RN manager 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 when required.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration	FA	All meals are prepared and cooked on site. All kitchen staff have completed safe food handling. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced (13 April 2026). The four-weekly seasonal menu has been reviewed by a dietitian. There is a food services manual available in the kitchen. The cook

needs are met to promote and maintain their health and wellbeing.		receives resident dietary information from the RN manager and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The cook (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Cultural choices are incorporated into the menu plan. On the day of audit, meals were observed to be well presented. Healthcare assistants interviewed understood tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. The owner/director stated that he has organised a local kaumatua to check the cultural aspects of the menu. The cook completes a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained. Meals are served directly from the kitchen to the dining room (close proximity). Residents were observed enjoying their meals. There are no residents requiring assistance or modified utensils. The residents and family/whānau interviewed were very complimentary regarding the food service, and the variety and choice of meals provided. They can offer feedback personally or at the resident meetings.
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	FA	Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner. Family/whānau are involved in all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested. The RN manager explained the transfer between services includes a comprehensive verbal handover

coordinate a supported transition of care or support.		and the completion of specific transfer documentation.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	FA	The building holds a current warrant of fitness which expires 27 June 2026. Maintenance is completed by the owner/director. There is a contracted plumber and electrician available 24 hours a day as required. There is a lawn mowing contractor who comes monthly. The gardens are looked after by the residents as part of the activity plan. Maintenance requests are documented on a maintenance form or on WhatsApp and signed off when repairs have been completed. There is an annual preventative maintenance plan. This includes electrical testing and tagging (completed March 2026) and calibration of medical equipment (completed November 2005). Monthly testing of hot water temperatures occurs and if temperature recordings are out of expected range a plumber is notified. There is a mixture of carpet and vinyl floorings There are vinyl surfaces in bathrooms/toilets and kitchenette areas. There is adequate space for storage of mobility equipment (only one resident with a walker). Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the facility and are able to personalise their room. All rooms are single. All toilets, handbasins and showers are communal. All are clearly labelled. Residents were observed moving freely around all areas. The healthcare assistants interviewed stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans. There are handrails in hallways and communal toilets and showers. The hallways are sufficiently wide. There is one large lounge and dining room. There are also small covered outdoor areas for residents to have quieter times or entertain visitors. Activities take place in the large communal lounge or dining room. There are outdoor areas with outdoor seating and shaded areas. There are sufficient communal toilets situated in close proximity to communal areas. The building is appropriately heated and ventilated. There is ample

		natural light in the rooms. The owner/director described how they would utilise their links with the kaumātua and local iwi to ensure the designs and environments reflect the aspirations and identity of Māori in any new construction.
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/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand on the 5 July 2004. Fire evacuation drills are held six-monthly and one was last completed 9 February 2026. Civil defence supplies are stored in an identified bag and are checked six-monthly. The facility has two small generators on-site. There are 3,000 litres of water available. There are gas barbeques to cook on. There is an adequate food supply available for each resident for minimum of three days. Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge and dining room areas. Call bells are tested as per the maintenance schedule. Staff were observed to be responsive to call bells on the days of the audit. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. There is a code panel on the front gate but all residents know the code and are able to use it. The facility is secured at night and there is external closed circuit television (CCTV).
Subsection 5.1: Governance	FA	Infection prevention, control and antimicrobial stewardship is an

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.		integral part of Avon Rest Home's strategic, business and quality plans to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and antimicrobial stewardship is available through Health New Zealand infection prevention and control specialist and the GP. Resources on infection prevention and control and antimicrobial stewardship are accessible to staff at Avon Rest Home. The RN manager oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection control and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually, and significant issues are escalated through an effective communication pathway to the owner/director. Infection rates are presented and discussed at staff meetings.
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 RN manager is the designated infection control coordinator and the service has a pandemic response plan. The infection control coordinator has completed infection prevention and control training online, and through Health New Zealand. The infection control coordinator can access infection prevention expertise and advice via Health New Zealand, and the GP, with shared access to clinical records and diagnostic results. There are outbreak kits readily available, and a personal protective equipment cupboard and trolleys set up ready to be used. The personal protective equipment (PPE) stock is regularly checked against expiry dates. There are supplies of extra PPE equipment available and accessible. The infection control coordinator has input into the procurement of PPE, medical and wound care products. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. The infection control coordinator has input into policies, which are available and accessible to staff. The infection control programme is

		linked to the quality programme and has had specialist input. The programme is reviewed annually, and there is a documented reporting line to the owner/director. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The infection control policies acknowledge importance of te reo information around infection control for Māori residents and acknowledge safe practices acknowledging the spirit of Te Tiriti o Waitangi. There is information available in te reo Māori. Infection control policies and practices include laundry and cleaning practices that reflect Māori participation and consultation in infection prevention to promote culturally safe practice. Cleaning and environmental audits are completed as part of the internal audit schedule, and the audits reviewed include evidence that these procedures are carried out, with associated corrective actions where necessary. The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. There are no plans to change the current environment, however, the infection control coordinator and owner/director will consult with their iwi links for advice if this occurs
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials	FA	There is an antimicrobial use policy and procedures that monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, laboratory results and medical notes. The GP and infection control coordinator monitor antibiotic use. The antimicrobial policy is appropriate for the size, scope, and complexity of the residents. Infection rates are monitored monthly and reported to the staff meetings. Prophylactic use of antibiotics is not considered appropriate and is avoided where

prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.		possible.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	FA	The infection prevention control policy describes surveillance as an integral part of the infection prevention control programme. Monthly infection data is collected for all infections based on signs, symptoms, and the definition of the infection. Infections are entered into the infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance results are discussed at staff meetings. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement. Avon Rest Home receives regular notifications and alerts from Health New Zealand for any community concerns. There have been no outbreaks since the previous audit.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and 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 antimicrobial-resistant organisms.	FA	Avon Rest Home has policies regarding chemical safety and waste disposal. The chemicals are clearly labelled with manufacturer's labels and stored in a locked cupboard. Cleaning chemicals are diluted and mixed safely in spray bottles. There are safety datasheets and product sheets available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff when caring and working with residents. There is a sluice room with personal protective equipment available, including face visors. Staff have completed chemical safety training. Laundry duties are undertaken by HCAs across all shifts, and dedicated cleaning staff work across seven days. The laundry has a defined clean/dirty area and entry/exit. There are laundry procedures and task list available for staff.

		The cleaning trolley was always attended and locked away when not in use. All chemicals on the cleaning trolley were labelled. There is appropriate personal protective clothing readily available. Cleaning and laundry services are monitored through the internal auditing system by the nurse manager, and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes. The washing machine and dryer are checked and serviced regularly. The staff interviewed demonstrated their understanding of the systems and processes.
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. The restraint policy confirms that restraint consideration and application must be done in partnership with residents, families/whānau, and the choice of device must be the least restrictive possible. If restraint is considered, the facility would work in partnership with the resident and family/whānau to ensure services were mana enhancing. The designated restraint coordinator is the RN manager There are currently no residents with restraint. The use of restraint is reviewed three monthly by the restraint coordinator and reported at the staff meetings and to the owner/director. Restraint minimisation and de-escalation are included as part of the mandatory training plan and orientation programme. Staff complete competencies at orientation and annually.

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 2.2.4 Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.	CI	Avon Rest Home has implemented a quality improvement project related to behavioural improvement and financial well-being through smoking harm reduction strategies. The initiative was implemented following analysis of resident behavioural incidents, and financial spending patterns, with targeted interventions introduced to address identified contributing factors.	The service identified that a number of residents were regular heavy smokers, which was contributing to several issues affecting resident well-being. Residents have limited funds and were noted to spend the majority of these on the purchase of cigarettes, which were then consumed prior to further funds being available. Residents were noted to be without cigarettes four to five days before further funds were available. When cigarettes ran out, staff observed increased behavioural incidents. Evidence reviewed included behaviour monitoring records, progress notes, staff observations, resident feedback, spending pattern discussions with residents, incident data, and follow up evaluations completed during the project period. Smoking cessation advice and resources were offered to all residents, with eight subsequently

			adopting these resources. The project achieved measurable improvements in resident well-being, behaviour management, and a positive impact on resident finances. Smoking related incidents reduced from 19 to 2 (89% reduction), with an 87.5% reduction in behaviours of concern. Resident feedback evidenced improved satisfaction regarding personal spending capacity, with funds previously spent on cigarettes being redirected to meaningful personal choices and quality of life activities. Staff feedback evidenced calmer behaviours, reduced agitation, fewer refusals of care, and improved engagement.
--	--	--	---

End of the report.