Villages of New Zealand (Pakuranga) Limited - Park Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Villages of New Zealand (Pakuranga) Limited
Premises audited:	Park Rest Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 22 October 2025 End date: 23 October 2025

Proposed changes to current services (if any): A concurrent partial provisional audit was also completed to verify the provider's preparedness and suitability for the conversion of 35 care suites in the service apartments to be certified for rest home-level care. There will be a maximum of 15 rest home residents at each given time. If approved, this will increase the certified bed number to 55.

Total beds occupied across all premises included in the audit on the first day of the audit: 43

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

Park Rest Home is owned and operated by the Real Living Group, which Villages of New Zealand (Pakuranga) Limited is a member of and is privately owned. The service provides rest home and hospital levels of care for up to 40 residents in the care centre, and up to five (5) residents requiring rest home level of care in the serviced apartments (a total of 45 beds for certification). On the days of the audit, there were 43 residents, including three residents receiving rest home level of care in the serviced apartments.

Significant changes to the service and facilities since the previous audit included the appointment of a new chief executive officer (CEO) and the recruitment of registered nurses and care staff.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contract held with Health New Zealand – Te Whatu Ora. The audit process included a review of policies and procedures, a review of residents' and staff files, observations, and interviews with residents, whānau, staff, management, the group culture care quality manager (GCCQM), the clinical manager (CM), the village manager (VM), the chief executive officer (CEO), and the general practitioner (GP). Residents and whānau were complimentary about the care provided.

A concurrent partial provisional audit was also completed to verify the provider's preparedness and suitability for the conversion of 35 care suites in the serviced apartments to be certified for rest home-level care. There will be a maximum of 15 rest home residents at each given time.

Strengths of the service, resulting in continuous improvement ratings, relate to the dining experience and the outbreak management plan.

The certification audit identified that the service meets the standards.

The partial provisional audit identified an audit shortfall relating to the fire evacuation plan to the serviced apartments.

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.

Park Rest Home works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training ,which is reflected in day-to-day service delivery. Residents are safe from abuse.

Residents and whānau receive information in an easy-to-understand format, and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

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

Hunga mahi me te hanganga | Workforce and structure

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

The governing body (Villages of New Zealand (Pakuranga) Limited) assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti, and reducing barriers to improve outcomes for Māori and people with disabilities.

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

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

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

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe, equitable service delivery.

Residents' information is accurately recorded, securely stored, and not accessible to unauthorised people.

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.

When residents enter Park Rest Home, a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and whānau.

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

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

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

The food service meets the nutritional needs of the residents, with special cultural needs catered for. Food is safely managed.

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

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

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

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment is tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, the use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

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

The governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programmes.

The infection control coordinator is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

The service promotes responsible prescribing of antimicrobials. Infection surveillance is undertaken, with follow-up action taken as required.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective laundry 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 service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

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	26	0	1	0	0	0
Criteria	2	165	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	Villages of New Zealand (Pakuranga) Limited has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with local Māori organisations, a cultural and clinical consultant, and a cultural advisor to support service integration, planning, equity approaches, and support for Māori. A Māori health plan has been developed with input from cultural advisors and is used for residents who identify as Māori. Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe. Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit, there were staff employed who identified as Māori. Staff ethnicity data is documented on recruitment and trended.
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.	FA	The service identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. Partnerships enable ongoing

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.		planning and evaluation of services and outcomes. Pacific residents interviewed felt their worldview, and cultural and spiritual beliefs were embraced. Strategies to actively recruit and retain a Pacific health workforce across roles were discussed. At the time of the audit, there were residents and staff employed who identified as Pacific people. Staff ethnicity data is documented on recruitment and trended.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and were provided with opportunities to discuss and clarify their rights. There are Māori residents living in the service who receive support; however, they have chosen not to engage in cultural activities. Interviewed staff provided examples of how Māori mana motuhake could be observed, when 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	The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and choices. Staff were observed to maintain privacy throughout the audit. All residents have a private room. Te reo Māori and tikanga Māori are promoted within the service through the activities programme and information in te reo Māori posted around the facility. Staff and residents' meetings commence

		with karakia. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work. The needs of tāngata whaikaha are responded to, including their participation in 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	Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such behaviour. There were no examples of discrimination, coercion, or harassment identified during the audit through staff, resident, or whānau interviews, or in documentation reviewed. Residents' property is labelled on admission, and they reported that their property is respected. A 'comfort' account is utilised to keep residents' money safe. The account is managed safely, with invoices and statements provided to residents regularly. Professional boundaries are maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model.
Subsection 1.6: Effective communication occurs The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to relatives/whānau in a timely manner. Where other agencies were involved in care, communication had occurred. Examples of open communication were evident following adverse events and during management of any complaints. Staff knew how to access interpreter services, 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	Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making. Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines. Advance care planning, establishing and documenting of enduring power of attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.	FA	A fair, transparent and equitable system was in place to receive and resolve complaints, leading to improvements. This met the requirements of the Code. Residents and whānau understood their right to complain and knew how to do so. There were no complaints received in 2024, and two received in 2025 (year to date). The group culture and care quality manager (GCCQM) and clinical manager (CM) reported that the complaints process timeframes were adhered to, and service improvement measures were implemented as required. Documentation, including follow-up letters and resolutions, was completed and managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Discussions with residents and whānau confirmed they were provided with information on the complaints process and that any concerns or issues were promptly addressed. Whānau and residents making a complaint can, if they choose, involve an independent support person. The complaints process was linked to advocacy services. The Code was visible and available in te reo Māori and English. Residents and whānau spoken with expressed satisfaction with the complaints process. In the event of a complaint from a Māori resident or whānau member, the service would seek the assistance

		of an interpreter or cultural advisor, if needed. There had been no external complaints received.
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	Park Rest Home is one of the services under the Villages of New Zealand (Pakuranga) Limited. The Villages of New Zealand (Pakuranga) Limited is currently changing to the Occupational Right Agreement (ORA) model. This will offer Park Rest Home residents continuity of care from rest home through to hospital level of care. Significant changes to the service and facilities since the previous audit included the appointment of a new chief executive officer (CEO) and the recruitment of new registered nurses and care staff. The village manager (VM) has extensive experience in management and in the health sector. The VM is supported by the GCCQM, CM, CEO, and the board. The VM and CEO interviewed was knowledgeable about legislative and contractual requirements. The business plan 2024–2026 outlines the purpose, scope, targets, performance measures, goals, governance roles, and delegated management roles. There are five board members. Board members have various skills, including accountancy, law, and health and management, and there is a cultural advisor. The board demonstrated responsible governance and remained close to service delivery by supporting and providing additional activities. The board meets six-weekly. Reports to the board showed adequate information to monitor performance, including potential risks, contracts, human resources and staffing, growth and development, maintenance, quality management, and financial performance. The governing body of Villages of New Zealand (Pakuranga) Limited assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pacific people in governance groups, honouring Te Tiriti, and being focused on improving outcomes for Māori, Pacific people and tāngata whaikaha. Equity is addressed through policy documentation and enabled through choice and control over supports and the removal

		of any barriers that prevent access to information (e.g., information in other languages for the Code of Rights, information in respect of complaints and infection prevention and control). Both Māori and Pacific models of care have been developed and implemented. Cultural safety is embedded in business and quality plans and staff training. Board members have access to cultural training and te reo Māori training, and opportunities to upskill in Te Tiriti via other community roles and employment. People receiving services, and their whānau, participated in planning and evaluation of services through satisfaction surveys and regular monthly residents' meetings. A sample of minutes of these meetings showed good attendance and a comprehensive agenda, and any concerns raised were addressed and reported back to the residents. Residents and whānau interviewed were happy with the services provided, and their level of involvement. There was a clinical governance structure in place that is led by the GCCQM. The team meets monthly to ensure there is a consistent overall approach to all clinical issues. The service provides care for up to 40 residents at hospital and rest home levels of care in the care centre, and up to five residents at rest home level of care in the serviced apartments. On the day of audit, there were 43 residents in total. There were 12 rest home-level residents in the care centre including one funded for respite care, and three in a serviced apartment. There were 31 hospital-level residents. Partial Provisional (Serviced Apartments): A concurrent, partial provisional audit was conducted to verify the provider's preparedness and suitability for the conversion of 35 serviced apartments to be certified for rest home level of care. The provider will only be allowed to have 15 rest home level of care residents at each given time. This will increase the total number of certified beds to 55. The current serviced apartments are occupied under Occupational Right Agreements (ORAs). The transition plan describes how the changes to the business environment will be implemented, as well as the staff rotational plan for the transition to the increased number of beds in the rest home level of care for

		residents. The VM, CM and GCCQM reported that the service had adequate staff at present, both clinical and non-clinical, if the proposed plan of having 15 serviced apartment beds for rest home level of care is approved. A proposed roster was sighted and included full staff coverage. Any additional staff will be employed as required. This is planned to ensure the needs of all residents are met. The audit verified that all rooms were suitable for their intended purposes.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.	FA	Park Rest Home has a planned quality and risk system that reflects the principles of continuous quality improvement. This included the management of incidents and complaints, audit activities, a regular resident satisfaction survey, monitoring of several resident safety/quality indicators (e.g., falls, skin tears, bruising, infections), policies and procedures, clinical incidents, and any quality improvement projects. Relevant corrective actions were developed and implemented to address any shortfalls identified from internal audit activities. Trends were analysed to support ongoing evaluation and progress across the service's quality outcomes. Benchmarking of data was conducted by comparing data with previous months' results, other sister facilities, and other external facilities, quarterly. Residents and whānau contributed to quality improvement by participating in satisfaction surveys and residents' meetings, while staff contributed by reviewing data during regular staff meetings, clinical governance meetings, quality health and safety meetings, and audit activities. Staff meeting agendas and minutes reviewed showed satisfactory attendance and comprehensive agendas covering quality and safety measures/activities. The outcomes of the March 2025 resident and staff satisfaction survey were favourable. Minimal corrective actions were identified, and these had been implemented. The clinical governance team has updated and reviewed all policies and procedures to meet the requirements of the Ngā Paerewa Standard. The management team, which included the VM, GCCQM, and CM,

		reported that the collection, collation, and review of resident and staff ethnicity data to improve health equity through critical analysis of data and organisational practices had been implemented. The management team described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and the development of mitigation strategies. These were reported during meetings. Staff documented adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of 10 incident forms reviewed showed these were fully completed; incidents were investigated, action plans developed, and actions followed up in a timely manner. The nursing team and management were aware of the new Severity Assessment Code (SAC) 1 and 2 event reporting processes. The service complied with statutory and regulatory reporting obligations, and two Section 31 notifications were completed related to COVID-19 in August 2025 and norovirus in October 2024. The management team interviewed was familiar with essential notification reporting requirements.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	There is a documented and implemented process for determining staffing levels and skill mixes to provide safe care, 24 hours a day, seven days a week (24/7). The facility adjusted staffing levels to meet the changing needs of residents. A team approach ensured all aspects of service delivery were met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. Most staff members on duty in their respective wings had current first aid certificates, and there was 24/7 registered nurse coverage. The employment process, which included a job description defining the skills, qualifications and attributes of each role, ensured services were delivered to meet the needs of residents. Continuing education was planned annually, covering a wide range of topics including, but not limited to, infection prevention and

		control, medication management, care planning and assessment, cultural safety, wound care management, palliative care, emergency evacuation, falls prevention, skin management, and fire safety. Related competencies were assessed. High-quality Māori health information was accessed and used to support training and development programmes, policy development, and care delivery. Most caregivers have either completed or commenced a New Zealand Qualifications Authority education programme to meet the requirements of the provider's agreement with Health New Zealand – Te Whatu Ora. Twenty-seven caregivers had achieved a Level 4 qualification, and five were at Level 3. The reviewed records demonstrated that the required training and competency assessments had been completed. Staff reported feeling well supported and safe in the workplace. Partial Provisional Audit (Serviced Apartments): Management know and understand the requirements for rest home staffing based on the way they organise and manage the three other facilities under their ownership. Their transition plan describes how serviced apartments will use the current annual staff training plan, which includes and ensures that all staff have cultural competencies and other essential skills and knowledge, for example, infection control, safe administration of medicines, first aid, and restraint elimination. The service had adequate staff, formally employed to cover the new beds in the serviced apartments. The GCCQM reported on how the serviced apartments will be staffed. A copy of the proposed roster was sighted, which had adequate staff coverage. For the service apartments, there are six caregivers rostered across the morning and afternoon shifts and one on the night shift. While there are sufficient staff currently employed to cover the roster, management reported that more staff will be recruited on an as-required basis. Registered nurse coverage will be provided by nurses from the care centre.
Subsection 2.4: Health care and support workers	FA	Human resources management policies and processes were based on good employment practices and relevant legislation. A sample of

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.		staff records reviewed confirmed the organisation's policies were consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment. Practising certificates were current for all regulated health professionals, including the registered nurses, general practitioners, pharmacists, podiatrist and dietitian. Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in eight files reviewed. Opportunities to discuss and review performance occurred yearly, as confirmed in records reviewed. Staff had access to the Employee Assistance Programme (EAP), if required. Staff information, including ethnicity data, was accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements. Following incidents, the GCCQM, VM, and CM were available for any required debriefing and discussion sessions. Partial Provisional Audit (Serviced Apartments): The VM, CM and GCCQM stated being aware of the Age-Related Residential Care Service (ARRC) contract requirements for staff training. Staff confirmed that staffing numbers at present are adjusted to meet the needs of the residents. Staff currently employed who are rostered in the care centre have completed an orientation including fire evacuation, and all newly employed staff will complete an orientation specific to the unit, including a fire evacuation.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes.	FA	All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. The clinical notes were up to date, integrated, and legible, and they met

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.		current documentation standards. No personal or private resident information was on public display during the audit. Archived records were held securely on-site and were clearly labelled for ease of retrieval. Residents' information was held for the required period before being destroyed. The service used an electronic information management system. Staff have individual passwords to the electronic record, medication management system, and interRAI assessment tool. The visiting general practitioners and allied health providers also document as required in the residents' records. Policies and procedures guide staff in the management of information. The GCCQM and CM reported that staff have their own 'logins'. An external provider held backup database systems. There was a consent process for data collection. The records sampled were integrated. The GCCQM and CM reported that EPOAs can review residents' records in accordance with privacy laws, and records can be provided in a format accessible to the residents concerned. Park Rest Home is not responsible for the National Health Index registration of people receiving services.
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	Residents enter Park Rest Home when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. Residents enter the service based on documented entry criteria available to the community and understood by staff. The entry process meets the needs of residents. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission. Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed monthly, including decline rates for Māori. The service has developed partnerships with Māori communities

		and organisations. Support can be accessed from the cultural advisor, when required, for Māori and their whānau who may enter the service.
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	FA	The multidisciplinary team works in partnership with the resident and whānau to support wellbeing. A care plan, based on the 'REAL' model of care (implemented as a quality improvement project), was developed by the registered nurses following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considered wider service integration, where required. The 'REAL' model of care emphasises meaningful relationships, empowerment of residents, a person-centred approach, and recognition of each person's life story. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded. Assessment is based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, general practitioner (GP) assessment, initial care plan, long-term care plan, and review timeframes meet contractual and policy requirements. Staff understand and support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, and from interviews of clinical staff, people receiving services, and whānau. Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process. Tāngata whaikaha participate in service development through the assessment and care planning processes. Examples of choices and control over service delivery were discussed with staff, tāngata

		whaikaha or whānau. Tāngata whaikaha/whānau can independently access information. Residents' records, observations and interviews verified that the care provided to residents was consistent with their assessed needs, goals and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The GP expressed satisfaction with the care being provided to residents.
Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.	FA	The activities programme supports residents to maintain and develop their interests and was suitable for their age and stage of life. The activities coordinator is assisted by three activities assistants. One of the activities assistants is undergoing diversional therapy training. A qualified diversional therapist from the sister facility supports the service. Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life, and included normal community activities. Activities on the calendar included van outings, church services, board games, live external entertainment, quiz, happy hour, exercises, baking, Matariki and Waitangi Day celebrations. Residents in the rest home have access to the gym and swimming pool with an access code. Supervision is required for use of these facilities. The activities coordinator stated that other community initiatives and opportunities for Māori and whānau to participate in te ao Māori would be facilitated as required. Feedback on the programme is provided through monthly residents' meetings and annual satisfaction surveys. Residents interviewed confirmed they find the programme meets their needs.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe	FA	The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an

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.		electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed. Current medication administration competencies were available in the reviewed staff records. Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines are stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range. Prescribing practices meet requirements. Medicine-related allergies or sensitivities are recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used. Self-administration of medication is facilitated and managed safely. There were residents who were self-administering medicine at the time of the audit. Residents, including Māori residents and their whānau, are supported to understand their medications. Partial Provisional Audit (Serviced Apartments) Medicine for residents in the apartments will be stored in a locked medication room with coded access. The existing electronic medication management system is used for residents receiving rest home level of care in the apartments. The current policies and procedures will continue to be used. Care staff who support residents in the apartments have medication administration competencies. The medicine trolley and electronic tablet for medication management were available. The CM stated that care staff on each shift will have medicine competency.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences.	FA	The food service is in line with recognised nutritional guidelines for people using the services. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented. Food is prepared in the

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.		main kitchen and is transported to the rest home in scan boxes. The service operates with an approved food safety plan and registration that is valid until 26 July 2026. A food verification audit was completed on 4 July 2025. Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets, and modified texture requirements are accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori. Evidence of resident satisfaction with meals was verified by resident and whānau interviews, satisfaction surveys, and resident meeting minutes. Residents have access to tea and coffee making facilities. Residents were given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity. A continuous improvement rating was awarded for the implemented project focused on enhancing the dining experience, improving nutritional outcomes, and strengthening communication between clinical and kitchen teams. Partial Provisional Audit (Serviced Apartments) Residents in the apartments receiving rest home level of care have meals in the main dining room used by the residents in the apartments. Food will continue to be prepared in the main kitchen and served to residents through the kitchen server.
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	FA	The transfer and discharge policies were available to guide staff practice. Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative.

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.		
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	There is a current building warrant of fitness that expires on 4 March 2026. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility using mobility aids. Residents were observed moving freely with mobility aids in their respective wings. There are comfortable-looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their whānau to utilise are available inside the lounges and dining rooms and outside on the open deck areas. The planned maintenance schedule included testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The scales are checked annually. Monthly hot water temperature monitoring is completed as per policy requirements. The service employs full-time staff, including five maintenance officers and three gardeners. The maintenance staff and certified tradespeople carried out reactive maintenance where required. The environmental temperature was monitored, and processes were implemented to manage significant temperature changes. All 40 rooms have hospital beds, bedside lockers, chairs, small refrigerators, and televisions. There are 34 care ensuites, and six rooms have shared bathrooms. There are adequate storage areas. Personalised equipment is available for residents with disabilities to meet their needs, as appropriate. There are other toilets available for staff, and visitors. A system identifies whether all common-area toilets and shower facilities are in use or vacant. All washing areas provide free-flowing soap and paper towels in the toilet facilities. All areas are accessible to the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed reported they were able to move around the

		facility, and staff assisted them when required. Residents' rooms were personalised according to their preferences. All rooms have external windows to provide natural light and appropriate ventilation and heating. The grounds and external areas were well maintained. External areas are independently accessible to residents. All outdoor areas have seating and shade. There is safe access to all communal areas. The VM reported that, when there is a planned development for new buildings, there will be consultation and co-design of the environments to ensure that they reflect the aspirations and identity of Māori. Caregivers interviewed stated they had adequate equipment to safely deliver care for residents. Partial Provisional Audit (Serviced Apartments): A concurrent partial provisional audit was undertaken to assess the provider's readiness and suitability for the conversion of 35 care suites (serviced apartments) to rest home-level care. This will increase the total number of beds to 55. The serviced apartments comprise 35 ensuite rooms, which are currently used as serviced apartments. Twenty-eight ensuite rooms are one-bedroom flats and seven are two-bedroom apartments. The rooms were spacious enough to accommodate mobility equipment. The facility has a large commercial kitchen and a dining area capable of accommodating any increased number of residents. Amenities include boardrooms, a library, functional event spaces, offices, staff rooms, swimming pools, a gym, a nurse's station, a staff room, a hair salon, storage areas, laundry facilities, and adequate toilet facilities for both visitors and staff. All resident rooms are equipped with external windows, ensuring natural light, and have appropriate ventilation and heating systems. Nurse call bells and light switches are located beside each bed. The rooms provide sufficient space to accommodate mobility equipment, including hoists. The audit verified that all rooms were suitable for their intended purposes.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider	PA Low	Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be

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.		followed. Staff had received relevant information and training and had appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. The fire evacuation plan has been approved by Fire and Emergency New Zealand (FENZ) and the VM reported that there were no changes required, however there was no current documentation from FENZ to verify this. Trial evacuation drills were performed in all respective wings. The drills were conducted every six months, and these were added to the annual training programme. Adequate supplies for use in the event of a civil defence emergency met the National Emergency Management Agency recommendations for the region. The property supervisor reported that the service was listed as a critical customer by an external supplier for a generator, which would be needed in the event of a civil defence emergency. Staff can provide a level of first aid relevant to the risks for the type of service provided. First aid training records were sighted, and most staff had completed requirements. There were always staff on duty with first aid training. Call bells alerted staff to residents requiring assistance. Residents and whānau reported that staff responded promptly to call bells. Appropriate security arrangements were in place, including facility locking procedures. Residents and whānau were familiarised with emergency and security arrangements on admission and as and when required. There was a closed-circuit television and video (CCTV) system monitoring the entrance, garden areas and communal areas. CCTV signage was displayed around the facility. There is a visitors' policy and guidelines available to ensure that resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers. Partial Provisional Audit (Serviced Apartments): Training in the use of fire safety equipment, as required under health and safety legislation, has been completed. All rooms have a functional call bell system in place, accessible to both residents and staff, to summon assistance as needed. Management confirmed that no additional modifications are required for the planned

		conversion of 35 serviced apartment rooms to rest home-level care. Civil defence emergency supplies are sufficient to support the increased number of residents following the conversion. An improvement is required to ensure there is current written confirmation from Fire and Emergency New Zealand (FENZ) that the existing fire evacuation plan remains valid following the reconfiguration of the Occupational Rights Agreement (ORA) units to rest home level of care.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.	FA	The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system, and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and significant events to the governing body. All staff, residents and whānau had received training and updates on managing infections. Training records and meeting minutes were documented. Partial Provisional Audit (Serviced Apartments): The management and staff members demonstrated an understanding of the infection prevention and control programme covering all the wings. There was adequate personal protective equipment (PPE) in stock.
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	FA	The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to senior management or the governance group. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the advice of the committee has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and

prevention programme that is appropriate to the needs, size, and scope of our services.		policies. The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed from the cultural advisor when required. The IP programme is reported on and reviewed annually. It was last reviewed on 15 January 2025. Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Infection prevention and control is discussed at residents' meetings, and individually with residents when an infection is identified. Educational resources are available in te reo Māori. A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly. Staff were familiar with policies for decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single-use medical devices are not reused. A continuous improvement rating was awarded for the implemented outbreak management plan. Partial Provisional Audit (Serviced Apartments) The IPCC from the rest home will oversee the infection prevention and control programme and its implementation for residents in the serviced apartments. The existing policies and procedures will be used.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to	FA	Responsible use of antimicrobials is promoted. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures. The AMS programme was

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.		approved by the governance body. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use monthly and identifying areas for improvement. Short-term care plans are completed for identified infections, and these are closed off when the infection resolves. A report is received monthly from the pharmacy with a list of antibiotics supplied to the service. Partial Provisional Audit (Serviced Apartments) The IPCC from Park Rest Home oversee the AMS programme and its implementation for residents in the serviced apartments. The existing policies and procedures are used.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	FA	Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data, using standardised surveillance definitions is collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance includes ethnicity data. Results of the surveillance programme are shared with staff at monthly staff meetings and with the governance body six-weekly in board reports. Where necessary, recommendations for improvement are identified. Infection outbreaks reported since the previous audit were managed effectively, with appropriate notification completed. A summary report for a recent infection outbreak was reviewed, and it demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been incorporated into practice. Communication between the clinical team and those residents experiencing a health care-associated infection (HAI) is culturally safe, as confirmed in interviews. Partial Provisional Audit (Serviced Apartments) The same IPCC of Park Rest Home will oversee surveillance of health care-associated infections at the serviced apartments, with reporting lines to the governance body. The existing policies and procedures are used.

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	A clean and hygienic environment supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely. Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations. Partial Provisional Audit (Serviced Apartments) The GCCQM stated that residents' clothes and linen will be laundered using the main laundry in the rest home. The same laundry policies and procedures will continue to be used. There are cleaners already working in the serviced apartments and the GCCQM stated that the same cleaning staff will continue to work in the serviced apartments.
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	Park Rest Home maintains a restraint-free environment. The governance group demonstrated commitment to this, supported by the clinical governance group. The CM advised that any use of restraint is reported to the governing body. At the time of the audit, no resident was using a restraint, and this has been the case since the previous audit. The policies and procedures reviewed met the requirements of the standards. The CM was the restraint coordinator, who provided support and oversight should restraint be required in the future. There was a job description that outlined the role. Staff had been

		trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the education programme. The approval for any use of restraint in the first instance would be put forward to the restraint approval group, which includes the clinical governance team. The clinical governance group meets every month to discuss whether restraint is to be used. The team would consider approval of any restraint, approval of the method of restraint, guidelines, education of staff, observations and evaluation, and they would ensure that the correct equipment was used. Restraint protocols were covered in the orientation programme of the facility and included in the education programme (which includes annual restraint competency), and restraint use was identified as part of the quality programme and reported at all levels of the organisation. All staff had completed annual training around de-escalation and management of challenging behaviour in the last year.

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 4.2.1 Where required by legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.	PA Low	The fire evacuation plan has been approved by Fire and Emergency New Zealand (FENZ) for Park Rest Home, including the serviced apartments. The village manager reported that consultation with FENZ confirmed no changes were required to the existing fire evacuation scheme following the reconfiguration of the Occupational Right Agreement (ORA) units to rest home level of care. However, no supporting documentation was sighted to verify this confirmation. Trial evacuation drills have been conducted in all respective wings.	There was no current documentation available from Fire and Emergency New Zealand (FENZ) to confirm that the existing fire evacuation plan remains valid and does not require amendment following the reconfiguration of the ORA units to rest home level of care.	Ensure there is current documentation to evidence that there are no changes required to the fire evacuation plan by FENZ. Prior to occupancy

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 3.5.3 Service providers shall ensure people’s dining experience and environment is safe and pleasurable, maintains dignity and is appropriate to meet their needs and cultural preferences.	CI	Park Rest Home identified a consistent trend of unplanned weight loss among residents during 2022 and 2023, with an average of three to five dietitian referrals per month. This highlighted an opportunity for quality improvement within the food, fluid, and nutrition service. In response, the VM and CM initiated a comprehensive, resident-led quality improvement project focused on enhancing the dining experience, improving nutritional outcomes, and strengthening communication between clinical and kitchen teams. A structured action plan was developed and implemented through an interdisciplinary approach involving the kitchen, activities, and clinical teams, alongside active resident	The service demonstrated ongoing and measurable improvements beyond the expected standard through a sustainable and person-centred dining transformation. The outcomes are sustained and have had a significant positive impact on resident health, safety, and quality of life. The service is working at a level above that required for full attainment of the criteria, and a rating of continuous improvement is given.

		participation. Key actions included: • Residents were empowered to choose between buffet, banquet, or room service dining daily. Menus were adjusted in real time based on resident feedback. • Weekly themed dining events such as Huntsman fine dining, chef's choice, roast night, and fish and chips night were introduced, reflecting diverse cultural and personal preferences. Staff began dining with residents, promoting inclusiveness, connection, and a stronger sense of community. This initiative also removed the need for staff to bring meals from home. • A new nutrition care plan protocol was implemented to ensure accurate, timely communication of residents' dietary needs, supported by documentation in the nutrition folder. • At least one CPR-trained staff member was rostered in each dining area, and strict hygiene and dietary safety protocols were embedded in practice. Meals became available 24/7, and a professional coffee machine was made accessible to residents, staff, families, and visitors. Outcomes • Surveys and regular food feedback meetings confirmed increased satisfaction with meal quality, choice, and cultural inclusiveness. • Weight monitoring records demonstrated zero unintended weight loss	

		across 2024–2025, except for isolated cases in January and June 2025 (one resident each month). Both were promptly addressed. • Dietitian referrals reduced from three to five per month in 2022–2023 to zero across 2024–2025. • Shared dining between residents and staff improved relationships, communication, and overall morale.	
Criterion 5.2.4 Service providers shall ensure that there is a pandemic or infectious disease response plan in place, that it is tested at regular intervals, and that there are sufficient IP resources including personal protective equipment (PPE) available or readily accessible to support this plan if it is activated.	CI	In September 2024, Park Rest Home experienced a norovirus infection outbreak that exposed inconsistencies in infection control practice. This resulted in delay in implementing isolation protocols. The existing policy was found to be too broad for the local context. A comprehensive review followed, involving input from staff across departments, residents, families, Māori and Pacific advisors, and the infection control committee. Together, the group co-designed a localised outbreak contingency plan tailored to Park Rest Home's environment. Key components of the improvement included: • Development of a four-level outbreak contingency plan (Levels 1–4) with clear, step-by-step instructions and checklists for each stage. • In-house and online training modules covering the new protocols, with competency examinations to ensure understanding and consistency.	The September 2024 norovirus outbreak findings were used constructively as a learning and improvement opportunity, transforming infection control from a policy-driven to a practice-embedded system. Park Rest Home has successfully developed and embedded a clear, localised, and action-oriented infection control framework that ensures immediate response capability at all staff levels. The service demonstrated sustained, measurable, and innovative improvements in infection control at a level above that required for full attainment of the criteria, and a rating of continuous improvement is given. The outcomes of reduced infections and immediate containment show an embedded culture of continuous quality improvement.

		• Creation of resident-led educational tools, including a handwashing and infection control video, fostering shared ownership. • Monthly infection control meetings for continuous review, learning, and improvement. • Integration of the information management system for real-time monitoring of infection data. • Cultural safety integration through Māori and Pacific advisor input, ensuring responsiveness and inclusion. Outcomes • Infection rates reduced from highs of seven to nine cases per month in 2024 to three to four cases per month consistently from January 2025. • Subsequent COVID-19 cases in December 2025 were contained immediately, with no spread or secondary infections. • August 2025 COVID-19 cluster (five residents) was contained within five days using the new four-level plan. • All staff (clinical and non-clinical) completed infection control examinations, evidenced in training records. • Online training resources enabled agency and new staff to apply protocols confidently without waiting for managerial input, ensuring consistent practice across all shifts. • Resident and staff collaboration improved infection control literacy and	

		engagement. • Cultural responsiveness was demonstrated through the inclusion of Māori and Pacific perspectives in protocol design and implementation.	

End of the report.