

# Athenree Life Limited - Athenree Life

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## 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 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:

<b>Legal entity:</b>	Athenree Life Limited
<b>Premises audited:</b>	Athenree Life
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 10 October 2024      End date: 11 October 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	36

# Executive summary of the audit

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## 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
Yellow	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
Red	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

Sound Care Group – Athenree Life Limited (Athenree Life) provides rest home, hospital and dementia care services, and is certified to provide care for up to 43 residents. In September 2024, a reconfiguration was authorised to change four dementia level care rooms to hospital level care, and a security door to the dementia care service was relocated.

There were 36 residents in the facility on the first day of the audit.

This certification audit included review of policies and procedures, review of residents and staff files, observations and interviews with residents, family members, members of the governance group/the director, managers, staff, and a general practitioner. Residents and family/ whānau were complimentary about the care provided.

The audit outcome resulted in one area identified as requiring further clarification in relation to the fire emergency evacuation plan for the facility.

## 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 are fully attained.
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Athenree Life 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 were 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 were 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 are fully attained.
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The governing body 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 collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks were identified and mitigated.

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

Staffing levels and skill mix met 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 was 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 are fully attained.
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When people enter the service, a person-centred and whānau-centred approach is adopted. Relevant information was 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 were safely managed and administered by staff who were competent to do so.

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

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

## Te aro ki te tangata me te taiao haumaruru | 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 are partially attained and of medium or high risk and/or unattained 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 and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, 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 was 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 are 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 programme.

The infection prevention and 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 prevention and 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 and cleaning 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 are fully attained.
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The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit. No restraint has been used for four years at this facility. The restraint register was maintained.



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	0	1	0	0
Criteria	0	168	0	0	1	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
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>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.</p>	FA	<p>Athenree Life 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 a Māori health advisor and a local marae to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed with input from a cultural advisor and the group culture and wellbeing manager and is used for residents who identify as Māori.</p> <p>Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit, there were staff who identified as Māori. Staff ethnicity data is documented on recruitment and trended.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p>	FA	<p>Athenree Life 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</p>

<p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>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.</p>		<p>planning and evaluation of services and outcomes.</p> <p>Pasifika residents interviewed felt their worldview, and cultural and spiritual beliefs, were embraced.</p> <p>Active recruitment, training and actions to retain a Pacific workforce are supported by management. A Pasifika advisor is available to this service to provide advice. Currently no Pasifika staff are employed at Athenree Life.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>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. Posters of the Code in English, te reo Māori and New Zealand Sign Language were posted around the facility.</p> <p>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. Residents in the dementia unit were represented by their Enduring Powers of Attorney (EPOAs).</p> <p>The owner knew and understood the Code and their responsibilities as a provider of health and disability services, evidenced through interview.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau/EPOAs, including people with disabilities, confirmed that they received services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room.</p> <p>Te reo Māori and tikanga Māori are promoted within the service through the activities programme and information in te reo posted around the facility. Te reo Māori words for locations were posted on</p>

		<p>doors around the facility. Staff were observed speaking to Māori residents in te reo Māori. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha are responded to, including their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff understood the service’s policy on abuse and neglect, including what to do should there be any signs of such. There were no examples of discrimination, coercion or harassment identified during the audit through staff and/or resident or whānau/EPOA interviews, or in documentation reviewed.</p> <p>Residents’ property is labelled on admission, and they reported that their property is respected. Any cash that the residents may bring can be stored securely through the administrator and residents can access their money as required.</p> <p>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.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>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.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and whānau/EPOAs 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 whānau/EPOAs in a timely manner. Where other agencies were involved in care, communication had occurred.</p> <p>Examples of open communication were evident following adverse events, residents/whānau meeting minutes and during management of any complaints.</p> <p>Staff knew how to access interpreter services, if required.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>FA</p>	<p>Residents and/or their legal representative were 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.</p> <p>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.</p> <p>Advance care planning, establishing and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record. All residents in the dementia unit have an EPOA that has been enacted. Signed admission agreements, consent forms and advance directives for cardio-pulmonary resuscitation were available in the residents' files sampled for review.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>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.</p> <p>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.</p>	<p>FA</p>	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. The process complies with Right 10 of the Code of Health and Disability Services Consumers' Rights, which is the right to complain and to be taken seriously and to receive a timely response.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation. Where possible, improvements had been made as a result of the investigation. A register was maintained. There was one complaint which remains open with the Health and Disability Commissioner's Office (HDC). The complaint is in relation to an unwitnessed fall which occurred on 21 October 2022. All correspondence was documented appropriately. There has been no further follow-up received since 6 March 2023. This complaint was lodged by a family member.</p> <p>The service assures the process works equitably for Māori by ensuring all Māori residents have access to a Māori advisor and/or advocate. The Nationwide Health and Disability Advocacy Service</p>

		<p>pamphlets are at reception and are easily accessed.</p> <p>The group general manager (GGM) Sound Care Group interviewed is responsible for complaints at Athenree Life.</p> <p>Staff interviewed stated they are fully informed about the complaint procedure and where to locate the forms, if needed. Any complaints are used as an opportunity to reflect and for quality improvement. The residents interviewed were pleased with the care and management provided to them individually and understood their right to complain or to provide feedback as needed.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>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.</p> <p>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.</p>	<p>FA</p>	<p>The governing body, Sound Care Group, assumes accountability for delivering a high-quality service to the resident communities served, with meaningful Māori representation on the governance group. The organisation has a Māori health advisor who can be sought if needed and ensures obligations to meet the needs of Māori are met. The governance group demonstrated expertise in Te Tiriti, health equity and cultural safety, and records of education and training were reviewed. Cultural competencies have been completed by all care staff. A comprehensive cultural manual was reviewed, developed and implemented by the group culture and wellbeing manager. Cultural competencies have been completed by the care staff.</p> <p>The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation and there is an experienced and suitably qualified person managing the service.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes and achieving equity for Māori and tāngata whaikaha was evident in plans and monitoring documentation reviewed, and through the Business Plan 2024-2025. The business plan is reviewed annually to identify objectives that have been effectively met (last reviewed 8 October 2024), and was signed off by the director and the GM. There is an</p>

	<p>organisational chart to provide team structure.</p> <p>A commitment to the quality and risk management system was evident. Members of the governance group interviewed felt well informed on progress and risks. This was confirmed in a sample of reports reviewed.</p> <p>Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required.</p> <p>People receiving services participate in planning and evaluation of services through annual surveys. The last survey was completed in January 2023. The outcome reported good family engagement, and residents were pleased with the care provided. A staff survey was completed in August 2024 with mostly positive comments, and staff felt well supported, their opinions were considered, and training prepared them well for their individual roles.</p> <p>A quality consultant is contracted to ensure all policies and procedures are developed, implemented and updated appropriately. The group clinical manager (GCM) covers if the general manager (GM) is not available. The GGM is the interim group general manager (GGM) and has worked at this facility for three months. The GGM is a registered nurse with a current annual practising certificate (APC). The GM is currently advertising for a clinical manager. The only position vacant is the clinical manager position which is being advertised at the time of the audit. Applicants are currently being interviewed.</p> <p>Athenree Life holds contracts with Te Whatu Ora Hauora a Toi Bay of Plenty to provide rest home level care, respite level care, hospital level care and dementia level care. The service also has a contract with Accident Compensation Corporation (ACC) and Whaikaha (Ministry of Disabled People), Disability Support Services, Long-Term Support – Chronic Health Conditions (LTS-CHC), and under 65 years of age residential care.</p> <p>On the day of the audit, five residents were receiving rest home level care, nil LTS-CHC, one respite care, one ACC (hospital level care), nine dementia level care, and 20 hospital level care. There were a total of 36 residents on the first day of the audit. The total</p>
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		<p>bed capacity is 43. There is one double room. The dementia beds recently changed from 14 dementia beds to 10 in September 2024 (a security door was repositioned) after a partial provisional audit. The four beds are now used for hospital level care.</p>
<p>Subsection 2.2: Quality and risk</p> <p>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.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>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.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes, for example, management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, clinical incidents such as any wounds, medication errors, health and safety issues, maintenance issues, falls and infection prevention outcomes. Relevant corrective actions are developed and implemented as necessary and demonstrated a continuous process of quality improvement is occurring. Progress against quality outcomes is evaluated. The results of resident/family and staff surveys were sighted as mentioned in 2.1.</p> <p>Critical analysis of practices and systems, using ethnicity data, identifies possible inequities and the service works to address these. Delivering high-quality care to Māori patients/residents is supported through relevant training, tikanga policies, and access to cultural support roles internally and externally.</p> <p>Policies reviewed were current and covered all necessary aspects of service delivery, contractual requirements and the Ngā Paerewa Standards.</p> <p>The GM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Any internal and external risks or potential inequities if any are responded to. This is linked to the health and safety and infection prevention programme. Any incidents are reported by staff. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p>



		<p>Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. There have been two Section 31 notifications to HealthCERT since the previous audit. Both were for changes in the clinical manager role, one on 13 July 2023 and the other on 13 May 2024. The GCM is currently covering in this role and is supported by the registered nurses.</p> <p>The GGM interviewed understood essential notification reporting requirements.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>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.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is 24-hour, seven days a week (24/7) registered nurse (RN) coverage. The GGM and the GCM cover the after-hours for both clinical calls 24/7 and/or staffing and maintenance requirements.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery and the ability to maximise the participation of people using the service and their whānau. High-quality Māori health information is accessed and used to support training and development programmes, policy development, and care delivery.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora Hauora a Toi Bay of Plenty. All staff have completed relevant</p>

		<p>competencies including cultural, medicine management, infection prevention, restraint elimination, and health and safety competencies including manual handling. Online learning opportunities are available for staff, as well as the group sessions held monthly. The organisation is fully committed to ongoing learning for staff. All staff have completed first aid training and a staff member who is first aid trained is documented on the roster for each shift. There are a total of 16 health care assistants, of whom five have completed Level 4, ten Level 3 and one Level 1. A total of seven staff cover the dementia care service, with four fully trained in dementia care and three (Level 3) are awaiting a response to commence the required additional dementia care training. The registered nurses oversee the dementia care service. The diversional therapist has attained Level 4 in the New Zealand Certificate in Health and Wellbeing Social and Community Facilitation, and the office manager has also completed the New Zealand Certificate in Health and Wellbeing Level 4.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>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.</p> <p>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.</p> <p>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.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment. Annual practicing certificates (APCs) of all health professionals employed or contracted are verified annually and a copy of the APCs are retained in a folder by the GGM.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed.</p>

		Staff information, including ethnicity data, is accurately recorded, held confidentially and used in line with the Health Information Standards Organisation (HISO) requirements. Personal staff records are stored securely, and confidentiality was maintained.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>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.</p>	FA	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. Paper-based residents' files were utilised, and these were stored securely in locked cupboards. Information is accessible for all those who need it.</p> <p>Files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Athenree Life is not responsible for issuing National Health Index (NHI) numbers; residents are admitted with NHI numbers already allocated.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>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.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>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.</p>	FA	<p>Residents enter the service 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. EPOAs for residents in the dementia unit have consented for residents' admission to the service. Specialist referral to the service was confirmed. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed, including decline rates for Māori.</p> <p>The service has developed partnerships with Māori communities</p>

		and organisations and supports Māori and their whānau when entering the service.
<p>Subsection 3.2: My pathway to wellbeing</p> <p>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.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>The multidisciplinary team work in partnership with the resident and EPOA/whānau to support wellbeing. A care plan, based on the provider's model of care, is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>Assessment is based on a range of clinical assessments and includes resident and EPOA/whānau input (as applicable). Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan and review timeframes meet contractual and policy requirements. Staff understood and supported Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, from interviews of clinical staff, people receiving services and EPOAs/whānau.</p> <p>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. Behaviour management plans were completed for any identified behaviours of concern and known triggers, and strategies to manage the behaviours were recorded. Identified residents' strengths and whānau goals and aspirations were addressed in the care plans. Staff confirmed they understood the process to support residents and whānau. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or EPOA/whānau. Residents and EPOA/whānau confirmed active involvement in the process.</p> <p>Tāngata whaikaha participate in service development through the assessment and care planning processes.</p> <p>Examples of choices and control over service delivery were</p>

		discussed with staff and EPOA/whānau. Tāngata whaikaha can independently access information.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>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.</p>	FA	<p>The activities programme is run by a qualified diversional therapist at the facility, supported by the group culture and wellbeing manager, who is also a trained diversional therapist. Dementia-specific 24-hour plans were completed for residents in the secure dementia unit. The activities programme supports residents to maintain and develop their interests and was suitable for their age and stage of life.</p> <p>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. Opportunities for Māori and whānau to participate in te ao Māori include celebration of Matariki and Waitangi Day, with kapa haka performances by external entertainers, Māori artwork, and poi dancing. Community initiatives meet the needs of Māori.</p> <p>Residents have access to the secure garden around the facility. Residents were observed participating in a variety of activities on the days of the audit. Feedback on the programme is provided through monthly residents' meetings and the annual satisfaction survey. Residents interviewed confirmed they find the programme meets their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>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.</p>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines are stored safely, including controlled drugs. The</p>

		<p>required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements were 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 used, were current, and complied with guidelines.</p> <p>Procedures for self-administration of medication were available to guide staff practice. There were no residents who were self-administering medicine at the time of the audit. Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>Regular medication management audits were completed, and corrective actions were implemented as required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>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. It was due for review on 19 October 2024. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration that will expire on 20 May 2025.</p> <p>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.</p> <p>Evidence of resident satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had</p>

		<p>this provided with dignity.</p> <p>Snacks and drinks are provided for residents in the dementia unit on a 24-hour basis.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>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.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and EPOA/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.</p>
<p>Subsection 4.1: The facility</p> <p>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.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>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.</p>	FA	<p>The current building warrant of fitness (BWOFF) expires on 3 December 2025. Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. There is a proactive and reactive maintenance programme, and buildings, plant and equipment were continually maintained to an adequate standard. The maintenance person was interviewed, and records were sighted. Electrical equipment had been checked as required, and medical/clinical resources and equipment requiring calibration is next to be checked in May 2025.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities to meet their needs. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility.</p> <p>Residents and family/whānau were happy with the environment, including heating and ventilation, natural light, privacy, and</p>

		<p>maintenance. There are garden areas which have shade and seating provided. The dementia service has a safe garden area outside the unit, for residents to enjoy. A shade area is available.</p> <p>The current environment is inclusive of people's cultures and supported cultural practices. When any new buildings have been designed, a process is in place to ensure consultation or co-design with Māori occurs when a new building is in the design process.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Moderate</p>	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. The fire evacuation plan had been approved by Fire and Emergency New Zealand (FENZ) dated 25 September 2006. However, the dementia service was expanded in 2016. Information was forwarded to FENZ on 8 March 2016 for an evacuation zone change. The service provider has no record of this being responded to. In addition to this, a recent reconfiguration occurred in September 2024, with approval from HealthCERT to change four dementia care rooms to hospital level care rooms, and a secure door was relocated. The provider is awaiting a review date, and subsequent fire evacuation scheme approval. This is identified as an area of improvement (4.2.1). The last fire evacuation training was held on 11 July 2024 and records were sighted.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region, such as emergency power and lighting, a barbeque, gas available for cooking, food supplies, first aid resources, blankets, continence products, and water which is stored in a tank containing 5000 litres, plus containers containing 300 litres of water in each container. Personal protective resources and a transistor radio were sighted in the evacuation box. Staff can all provide a level of first aid relevant to the risks for the type of services provided. Athenree Life relies on staff and volunteer fire and emergency services in the event of a civil disaster. Services</p>



		<p>regularly visit the facility for familiarisation and training purposes. There is no generator on site; however, the service has access to a portable generator locally if needed.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. The nurse call system in place has recently been installed and training was provided to all staff.</p> <p>Appropriate security arrangements are in place. Residents and whānau were familiarised with emergency and security arrangements, as and when required. The dementia care service is a secure dementia facility with key-pad access. Family are informed in writing, when the resident is admitted to the dementia service, of the security details, including the closed-circuit television (CCTV) security for the dementia care service only.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>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.</p>	FA	<p>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.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>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.</p> <p>As service providers: We develop and implement an infection</p>	FA	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to the senior management team. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies. There were no planned changes to</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>the building at the time of the audit, as reported by the IPCC.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. The IP programme was last reviewed in December 2023.</p> <p>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. Educational resources are available in te reo Māori.</p> <p>A pandemic and 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.</p> <p>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.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>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.</p>	<p>FA</p>	<p>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 effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement monthly and quarterly.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the</p>	<p>FA</p>	<p>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</p>

<p>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.</p>		<p>prevention and control programme. The IPCC stated that national and regional surveillance programmes and guidelines are followed when required. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Surveillance includes ethnicity data. Results of the surveillance programme are shared with staff in monthly staff meetings and in senior management meetings.</p> <p>Communication between service providers and residents that are experiencing a health care-associated infection (HAI) is culturally safe, as confirmed in interviews.</p>
<p>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.</p>	FA	<p>A clean and hygienic environment supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>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.</p> <p>Residents and EPOAs/whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations.</p>
<p>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.</p>	FA	<p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this, supported by a member of the executive leadership team at operational level (the director). At the time of the audit, no restraint was being implemented and this has been the case since 2020, when the current service providers took over the management of this facility. The restraint register is maintained. Any use of restraint is reported to the governing body.</p> <p>Policies and procedures meet the requirements of the standards.</p>

		<p>Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint approval group is responsible for the approval of the use of restraints and the restraint processes. Whānau/EPOA are involved in decision-making. The GCM is the restraint coordinator. The RN and staff interviewed had a good understanding of restraint management and elimination. A restraint-free environment is encouraged and promoted. Safety for residents is paramount. As no restraint was in use at this audit and has not been used since 2020, sub-sections 6.2 and 6.3 were not audited.</p>
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## 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 Moderate	The last fire evacuation approval was dated 25 September 2006. The service provider discussed changes and verified in documentation reviewed, that there had been changes made to the facility since this date, including a recent change to the dementia care service to reduce four rooms/beds and to remove and relocate a security door to the dementia care service. Consent was obtained from HealthCERT for this to occur.	Information was provided to Fire and Emergency New Zealand (FENZ) on 8 March 2016 for an evacuation zone change. The current service provider has no record of this request being responded to. In addition to this, a recent reconfiguration was approved by HealthCERT without a partial provisional audit. A request for a review of the fire evacuation scheme has been lodged with the contracted fire service provider, and the director is awaiting a date to clarify if any changes are required to the fire evacuation scheme approval.	To clarify and evidence whether the current evacuation approval scheme from Fire and Emergency New Zealand requires updating.  90 days

## Specific results for criterion where a continuous improvement has been recorded

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

No data to display
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End of the report.