

Divine Hand Ventures Limited - Peaceful Pines Living

Introduction

This report records the results of a 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 BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

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

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity: Divine Hand Ventures Limited

Premises audited: Peaceful Pines Living

Services audited: Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 9 January 2025 End date: 10 January 2025

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 21

Executive summary of the audit

Introduction

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

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

General overview of the audit

Westmar is privately owned and located in Darfield. The service is certified to provide rest home and dementia levels of care levels of care for up to 28 residents. There were 21 residents on the days of audit.

This provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora to review the prospective provider's level of preparedness. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with families, residents, management, staff and the prospective purchaser (Divine Hand Ventures Limited). The prospective purchaser, Divine Hand Ventures Limited is a new aged care provider.

The clinical manager is one of the owners and is appropriately qualified and experienced. The clinical manager is supported by a personal assistant to the owners, operational manager, two part time registered nurses and an enrolled nurse.

Feedback from family/whānau and residents were very positive about the care and the services provided.

This audit identified improvements around the implementation of staff training, wound management documentation, menu review and hot water temperature monitoring.

Ō tātou motika | Our rights

Westmar provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Westmar provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

Westmar is governed by two owners, one a registered nurse. The business plan includes a mission statement and operational and clinical objectives. The service has effective quality and risk management systems in place that takes a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented. Staff incidents, hazards and risk information is collated at facility level.

There is an annual leave and rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

The clinical manager efficiently manages the entry process to the service. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrate individualised care. The planned activity programme provides residents with a variety of individual and group activities. There are adequate resources to undertake activities at the service. Medication policies reflect legislative requirements and guidelines.

Registered nurses and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed meets prescribing requirements and are reviewed at least three-monthly by the general practitioner.

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

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

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

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There are sufficient communal toilets and showers with appropriate signage. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents.

Security checks are performed by staff. Security lights are installed externally and doors are locked at night. The dementia units are secure with secure enclosed gardens.

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

A suite of infection control policies and procedures are documented. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been approved by governance.

A registered nurse is the infection control coordinator. The infection control coordinator is supported by representation from all areas of the service. There is access to a range of resources. Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed with corrective actions completed where required. There are policies and procedures implemented around antimicrobial stewardship and data is collated and analysed monthly.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Internal benchmarking within the organisation occurs. Staff are informed about infection control

practices through handover, meetings, and education sessions. There have been two outbreaks, managed and documented since the last audit.

There are documented processes for the management of waste and hazardous substances in place. There are separate housekeeping staff rostered who provide all cleaning duties, and laundry service is undertaken on site. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Westmar is restraint free. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the clinical manager. Staff receive education in management of challenging behaviour, de-escalation strategies and dementia.

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	23	0	4	0	0	0
Criteria	0	164	0	4	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
<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>	<p>FA</p>	<p>A Māori health plan is documented for the service which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has no residents who identify as Māori. Westmar is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and is documented in the resident care plan where required. There are clear processes to include tikanga Māori in everyday practice.</p> <p>The clinical manager (owner) confirmed that the service supports a Māori workforce through an equitable recruitment process that is responsive and inviting for Māori. The service currently has staff who identify as Māori. The service encourages the use of te reo and tikanga Māori into everyday practice.</p> <p>There are established linkages with Māori providers. A cultural advisor is very willing to make themselves available to residents, visitors, staff and the facility to provide cultural support and advice. The service has provided training sessions to all staff on cultural safety, diversity, equity, Te Tiriti and tikanga in 2024. Residents and family/whānau are involved in providing input into the resident's care planning, their activities and their dietary needs.</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> <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>FA</p>	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of the Pacific culture. The Pacific health plan has been written by an external consultant, well known and respected in the industry who had input from their Pasifika community contacts. The service currently has no residents who identify as Pasifika.</p> <p>On admission all residents state their ethnicity. Westmar has links with the Pacific providers to ensure connectivity within the region. At the time of the audit there were no staff that identify as Pasifika. The service has links with Pacific community groups and churches through a cultural advisor.</p> <p>Interviews with the two owners (one assumes the role of the clinical manager and one oversees maintenance), and eight staff including three caregivers (including personal assistant to owners and RNs), one registered nurse (RN), one activities coordinator, cook and housekeeper) and documentation reviewed identified that the service provides person centred care.</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>	<p>FA</p>	<p>The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details of the Code are included in the information that is provided to new residents and their family/whānau. The clinical manager discusses aspects of the Code with residents and their family/whānau on admission. Residents receive information on the Code at residents' meetings. The service is recognising Māori mana motuhake through actively engaging residents and family/whānau in determining their own health goals. Westmar reviewed their policies and service delivery to ensure inclusiveness to reflect residents' voices, perceptions, understandings, and experiences. There are links to spiritual support documented in the</p>

		<p>spirituality and counselling policy.</p> <p>Advocacy Service information is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. The service recognises Māori mana motuhake and this is reflected in the Māori health care plan that is in place. Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Five residents (rest home) and five family/whānau (from the dementia unit) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>One of the prospective purchasers has experience in clinical management in aged care and is familiar with the Code and their responsibilities. This was evidenced through interview and reflective in the large number of policies that have been made available around resident rights.</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>	<p>FA</p>	<p>Caregivers interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control and choice over activities they participate in. The Westmar annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff to understand the key elements of self-determination and providing equity in care services. It was observed that residents are treated with dignity and respect. The annual resident and family/whānau survey results for 2024 and interviews with residents and family/whānau confirmed that they are treated with respect.</p> <p>A sexual and intimacy policy is in place, with training provided as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships when required.</p>

		<p>Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans.</p> <p>Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality and counselling policy is in place. The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Māori cultural days are celebrated and include Matariki and Māori language week. All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori to build knowledge and awareness about the importance of addressing accessibility barriers. Understanding of these topics are checked using a written cultural competency completed during orientation and on an ongoing basis annually. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice including supporting them with 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>	<p>FA</p>	<p>The abuse and neglect policy is being implemented. Westmar policies document actions taken to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of all ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed and signed during the new employee's induction to the service with evidence of staff signing the code of conduct policy as part of the House Rule employee handbook This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct. The Māori Plan includes strategies to abolishing institutional racism.</p>

		<p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity as well as equality, diversity, and inclusion. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The staff engagement survey for November 2024 (sighted), evidence positive comments related to colleagues being helpful and supportive of each other thus creating a positive workplace culture. Te Whare Tapa Whā is recognised, and the care plans identify resident focussed goals and reflects a person-centred model of care.</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>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission related to the type of services provided. Resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed of an accident/incident. Correspondence is also documented in the progress notes. The sample of accident/incident forms reviewed identified family/whānau were kept informed. This was also confirmed through interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. Resident and family/whānau participation is encourage through general feedback, multidisciplinary meetings, surveys and meetings. Regular newsletters and activity calendars are provided in large printed format.</p>

		<p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as hospice and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with regarding services involved. The clinical manager and registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required. The electronic register captured numerous compliments from family/whānau which evidence effective communication. Staff and residents and family/whānau have not been informed of the proposed change in ownership of the care facility at the time of the audit. This is included in the transition plan.</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>There are policies around informed consent. Five resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid-19 and flu vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance care planning and resuscitation policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files. Where the EPOAs are activated a medical letter of incapacity were on</p>

		file, this was evidenced in all dementia files reviewed.
<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>	FA	<p>The complaints procedure is provided to all residents and family/whānau on entry to the service. The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori. The clinical manager maintains a complaints' register containing all appropriate documentation, including formal acknowledgement, investigation, and resolution records in accordance with guidelines set by the and Health and Disability Commissioner (HDC) and the organisation's own policy and procedures. There have been four complaints made since the last audit in August 2023, all complaints are closed. The satisfaction (or not) of the complainant has been documented. Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. The complaints process links to the advocacy service. There was one complaint made via Health New Zealand, which has investigated by the external provider and found to be unsubstantiated. The complaint was closed off on 17 December 2024.</p> <p>One complaint from two consumers was forwarded by the Health and Disability Advocacy Service to HDC in December 2021 and remains unresolved. A follow-up letter was received from HDC on 22 June 2023 requesting additional information, which was forwarded by the provider on 26 June 2023. The complaint remains open of which the prospective provider was informed off.</p> <p>Residents have a variety of avenues they can choose from to lodge a complaint or express a concern (eg, verbally, in writing, through a resident's advocate). Resident meetings are held regularly and are another avenue to provide residents with the opportunity to voice their concerns. The clinical manager has an open-door policy and encourage residents and family/whānau to discuss any concerns. The complaints process is linked to the quality and risk management system. Staff meeting minutes cover discussions relating to any complaints lodged. The complaints process works equitable for Māori and the clinical manager is available to meet and discuss any</p>

		complaints face-to-face.
<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>	FA	<p>Westmar is located in Darfield, Canterbury and is a privately-owned service. The service provides rest home and dementia level services for up to 28 residents. There are 12 dedicated rest home beds and 13 beds in the secure dementia unit. There are three double rooms suitable for couples that had single occupancy at the time of the audit. On the day of audit there were 21 residents: 11 at rest home level of care and 10 at dementia level of care. All residents were on the age-related residential care contract (ARRC).</p> <p>The current owners are a husband-and-wife team, who have owned the business for over three years. The wife is the clinical manager and is a registered nurse with many years of experience in the aged care sector. She is responsible for the clinical areas of the business. The husband (non-clinical) is responsible for maintenance, finance, and accounting. They are supported by an operations manager (located at a sister facility), two part time registered nurses an enrolled nurse and senior caregivers.</p> <p>The owners assume governance of the facility and for delivering a high-quality service. The business plan for Westmar (2022-2024) includes a mission statement identifying the purpose, mission, values, direction, and goals for the organisation, with monitoring and reviewing of performance at planned intervals. Organisational goals aim for integrated service delivery and mana motuhake values are embedded into all levels of practice for all residents. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori as documented in the business plan. The resident and family/ whānau receiving services and participate in the planning, implementation, monitoring, and evaluation of service delivery through regular meetings, comprehensive complains process and participation in annual surveys.</p> <p>External support for te ao Māori and Pacific peoples is available through a local resident advocate that is also the cultural advisor for the facility. Equity for Māori, Pasifika and tāngata whaikaha is</p>

		<p>addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (eg, information in other languages for the Code of Rights, infection prevention and control). The owners have completed training to ensure cultural safety is embedded in their governance activities.</p> <p>Critical analysis of operational practices are done through benchmarking. Barriers to equity where identified, are analysed with preventive and corrective actions being implemented through the quality improvement processes. The clinical manager has completed other professional development activities in excess of eight hours annually, related to management of an aged care facility.</p> <p>The prospective purchaser, Divine Hand Ventures Limited, will change the name to Peaceful Pines Living. There are two owners/directors, one is a registered nurse with experience in aged care in various leadership and advisory roles; the other owner (non-clinical) has a background in horticulture management and will assume responsibilities around the finance/accounting, maintenance and cleaning services. Peaceful Pine Living is the owners` first aged care facility they purchased. There is a clear organisational chart. Clinical governance will be the responsibility of the owner (registered nurse).</p> <p>The prospective purchaser has developed a transition plan with timelines. The prospective purchaser has notified the relevant funder of the proposed purchase.</p> <p>The same quality system, policies, procedures, and electronic client management system will continue to be used. The new owners will continue with the similar outlay of business plan for 2025-2027. The current owners from the facility will support the new owners. The proposed date of sale is the 10 February 2025. The same national supplier contracts will be continued to be implemented. The owner is aware that there is no current GP contract in place.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe,</p>	<p>FA</p>	<p>Westmar is implementing a quality and risk management programme. Quality and risk management systems include performance monitoring through internal audits and through the collection of clinical</p>

<p>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>indicator data (eg, falls, medication errors, infections, skin integrity/tears, complaints, restraints). A part time registered nurse completes a monthly clinical and quality report that is presented at the monthly general staff and management/quality meetings.</p> <p>Meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; internal audit compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated, to address service improvements with evidence of progress and/or sign off when achieved. Quality data and trends in data are posted as part of the meeting minutes. Corrective actions are discussed in meetings to ensure any outstanding matters are addressed with sign-off when completed. Quality data analysis including benchmarking, feedback through residents' meetings and complaints management provides an avenue for critical analysis of work practices to ensure health equity. Quality to measure clinical effectiveness are regularly reviewed. Ethnicity data is linked to benchmarking data. Cultural safety is embedded in the quality system to ensure staff can deliver high-quality health care for Māori.</p> <p>An annual resident and family/whānau survey is conducted by an independent external company. The results of the 2024 resident and family/whānau satisfaction survey results have been compared with previous surveys. With a high satisfaction rate. The residents, family/whānau and staff received the results. Residents and family/whānau interviewed were satisfied with all aspects of service delivery.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed by an external provider. New policies or changes to policy are communicated and discussed with staff.</p> <p>A health and safety system is in place. The health and safety team, led by the health and safety representative, meets monthly as part of</p>
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		<p>the staff, management and quality meetings. The health and safety representative was interviewed and confirmed they have received training to support their role. Identifications of any hazards are documented, and an up-to-date hazard register was reviewed. Staff incidents, hazards and other health and safety issues are discussed monthly as part of the general staff and management/quality nurses' meetings. Staff incidents, hazards and risk information is collated at facility level, reported in the management/quality meetings. There were four minor staff injuries sustained in the last 12 months.</p> <p>Electronic reports are completed for every incident/accident. A monthly summary is provided against each clinical indicator. Results are discussed in meetings and at handover. A sample of 10 incident/accident reports were reviewed and evidence appropriate and timely follow up, investigations and communication to family/whānau. Opportunities to minimise future risks are identified by the clinical manager in consultation with registered nurses and caregivers.</p> <p>Discussions with the clinical manager reflected their awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no section 31 notifications required to be completed to notify HealthCERT of any events. There were no notifications required to be made to the Health Quality Safety Commission since July 2024.</p> <p>There have been two Covid-19 outbreaks documented since the previous audit (November 2023 and December 2024) which were appropriately reported, managed, and staff debriefed.</p> <p>The prospective purchaser has a documented quality and risk management programme that they plan to implement at Peaceful Pines Living. The purchaser anticipated the implementation thereof will have minimal impact on Peaceful Pines Living. The same policies and procedures will be implemented and have been updated to align with 2021 Ngā Paerewa Services Standard and will be transitioned across to Peaceful Pines Living. The clinical director (owner) will assume responsibility of clinical governance. There is also a risk management register that covers identified major risks and a monthly risk register is maintained for many 'more present' risks. There are no legislative compliance issues that could affect the service.</p>
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<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. 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.</p>	<p>PA Low</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, the two owners are hands on and assist to fill the roster where applicable. Residents noted that answering call bells occur in a time and care staff reported there were adequate staff to complete the work allocated to them.</p> <p>The roster reviewed were fully covered and backfilled when staff were absent on short notice. Staffing for the facility comprises of RN by the clinical manager during the day and some weekend days, a registered nurse cover two nights a week in the dementia unit and another registered nurse (6 hours a week) supports interRAI, care planning and Careerforce training. The clinical manager who works Monday to Friday is on-call.</p> <p>Six weeks of rosters evidence sufficient number of caregivers on each shift, all are medication competent and hold a first aid trained certificate. There are separate staff allocated to non- clinical duties including maintenance, activities, housekeeping and the kitchen.</p> <p>Residents, family/whānau and staff interviewed stated there are communication when staffing levels might change, this was also evidenced in meeting minutes. Staff interviewed stated that the staffing levels and workload is adequate.</p> <p>The Māori health plan includes objectives around establishing an environment that supports culturally safe care through learning and support. There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. This includes staff completing a cultural competency. External training opportunities for care staff include training through Health New Zealand.</p> <p>Compulsory training also includes topics relevant to the conditions of the cohort of residents within the facility. Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health</p>

		<p>equity. Staff confirmed that they are provided with resources during their cultural training and sharing information. Māori staff also share information and whakapapa experiences to support learning.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. One registered nurse is a Careerforce assessor. Fourteen caregivers are employed and 10 hold the NZQA certificate in health and wellbeing level three or above. Eight caregivers are allocated to work across the dementia unit and three are enrolled to complete the dementia standards and five have completed the dementia units within the required timeframe.</p> <p>An annual in-service programme is implemented, and all compulsory topics are included; however, the attendance numbers documented for care staff related to core topics were inadequate. A training policy is being implemented. All staff are required to complete competency assessments as part of their orientation. There are three RNs and all are interRAI trained. There are external training opportunities provided to the RNs.</p> <p>Annual competencies include moving and handling, hand hygiene, personal protective equipment, catheter bag change use and cultural competencies. All caregivers complete annual medication administration competency including insulin and oxygen administration. A record of completion is maintained on the electronic file system.</p> <p>There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at regular staff meetings, employee surveys and performance appraisals. Organisational counselling programmes are available to staff. Interviews with staff confirmed that they feel supported by the managers.</p> <p>The prospective owners will assume management responsibilities. The prospective owner was interviewed and stated they will increase registered nurse hours to 68-72 hours a week including clinical manager hours. A registered nurse will be appointed from Tuesday to Saturdays in addition to the full time clinical director. There are no immediate plans to increase other staff levels. They plan to provide all</p>
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		staff with education and training consistent with the current training plan.
<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 and include recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A sample of six staff records were reviewed (two RNs, two caregivers, one housekeeper, one cook) evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, and completed orientation. In policy, staff performance is to be reviewed annually and this is consistently taking place.</p> <p>Ethnicity data is recorded and used in line with health information standards. The service understands its obligations in recruitment in line with the Ngā Paerewa standard and is actively seeking to recruit Māori and Pacific peoples dependent on vacancies and applicants.</p> <p>A register of practising certificates is maintained for RNs and associated health contractors (eg, general practitioner (GP), podiatrist, and pharmacists).</p> <p>There is a documented policy that outlines debrief opportunities following incidents or adverse events and this is implemented.</p>
<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>There is a documented policy providing guidelines to safeguard clinical documentation. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name</p>

		<p>and designation of the service provider. Hardcopy documents are uploaded to the electronic system and securely destroyed.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The clinical manager is the privacy officer and there is a pathway of communication and approval to release health information. The service is not responsible for National Health Index registration.</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>	<p>FA</p>	<p>Information about the services, accommodation options and costs are outlined in an information pack. Prior to entry, prospective residents and their family/whānau are invited to meet staff and view the facility. Policies and procedures guide staff in entry criteria and required admission documentation. Residents and family/whānau interviewed confirmed they were given accurate information about the service, and they felt welcome.</p> <p>Prospective residents are required to be assessed by the needs assessment and coordination service (NASC) as needing rest home or dementia level care. Residents and family/whānau confirmed staff are respectful and communicate well with them.</p> <p>Entry would only be declined if a prospective resident does not meet the entry criteria. In this case, they are informed and referred to the NASC team. Data is collated on the numbers of declined entries and this data includes ethnicity.</p> <p>The organisation has links with local iwi through a cultural advisor and staff are trained in cultural safety, tikanga and consulting whānau in any decision making. Strategies to reduce barriers for Māori entering the service include promotion of the use of te reo Māori in activities and in signage throughout the facility. The recently employed activities coordinator has links with Māori through their own whakapapa.</p>

<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>	<p>PA Low</p>	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Five resident files reviewed: two at rest home level care; and three dementia level residents. An initial assessment is undertaken by a registered nurse on admission and an initial care plan is developed on the same day. The initial assessment is documented in the electronic system and includes the use of validated assessment tools.</p> <p>Within three weeks of admission, an interRAI assessment is completed and a long-term care plan is developed with input from residents, family/whānau, caregivers, registered nurses and activities staff. The long-term care plans are developed by the registered nurse and are holistic, covering physical needs, assistance required with activities of daily living, psychosocial and cultural needs and aspirations and interventions to address medical conditions.</p> <p>The clinical manager explained that residents who identified as Māori would have a Māori health care plan developed which describes the support required to meet their needs. The clinical manager on interview described removing barriers so all residents have access to information and services required to promote independence and working alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes. Staff interviewed demonstrated their knowledge of tikanga and cultural safety. Care plans addressed cultural preferences. Staff have access to a cultural advisor who also provides services as a resident advocate, if a cultural support is needed.</p> <p>Residents in the dementia unit have behaviour assessments and behaviour plans with associated risks and supports needed and includes strategies for managing/diversion of behaviours. The long-term care plan includes close to normal routine of the resident's usual pattern of behaviour and behaviour management strategies to assist caregivers in management of the resident behaviours.</p> <p>Resident files are fully integrated with all members of the team contributing to progress notes, including physiotherapist, registered nurses, caregivers, general practitioner, podiatrist and activities staff. Where residents have behaviours of concern, early warning signs are identified and strategies to calm and manage behaviour are</p>
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		<p>documented and made known to all staff.</p> <p>The general practitioner (GP) assesses residents within five days of admission. Residents are then reviewed by the general practitioner on a three-monthly routine basis or more frequently if their condition changes. The GP interviewed stated that there is good communication with the service, they are informed of concerns in a timely manner, and that they were very confident in the abilities of the nursing team. The facility is provided access to an after-hours service by the GP and St John's paramedic service. A physiotherapist is available as required.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau and EPOA interviews and resident records evidenced that family/whānau are informed where there is a change in health status.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Progress notes are entered daily. Staff receive handover at the beginning of their shift, as observed on the day of audit.</p> <p>Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following all un-witnessed falls as per policy requirements. Monitoring of care is completed as required and stated in the care plans and include (but not limited to) intentional rounding, weight, behaviour monitoring, and food and fluid management. There were three wounds on the day of audit; however, dressings were not consistently documented as scheduled.</p> <p>Multidisciplinary reviews occur six-monthly. This includes input from the clinical manager, caregivers, residents and family/whānau, activities coordinator and physiotherapist. The care plan is reviewed to ensure the goals are being met and if there are new goals identified, the care plan is updated. Where short-term needs are identified, such as wounds or infections, as examples, a short-term care plan is developed and implemented.</p>
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<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>	<p>FA</p>	<p>The activities coordinator commenced in the role four months ago and has started their apprenticeship in diversional therapy. The activities coordinator is employed for 16 hours and provides an activities programme four days a week from 9am to 1pm. Caregivers support the programme with afternoon and weekend activities. The activities coordinator works across the rest home and the dementia unit and has commenced their NZQA dementia standards and has a current first aid certificate. The programme is planned monthly and includes themed events, including those associated with local events. The activities programme is available throughout the facility on noticeboards within the communal areas and hand delivered to rest home residents' bedrooms.</p> <p>Each resident has a resident profile and recreational assessment completed. A separate diversional therapy care plan is documented for all residents and reviewed six monthly. The cultural, social, spiritual and diversional therapy section of the long-term care plan is completed within three weeks of admission and reviewed at least six-monthly at the same time as the long-term care plan is reviewed. Activities staff document in the electronic progress notes weekly or more often if indicated and document a paper based monthly evaluation. The resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. Staff have access to a cultural advisor if cultural support is needed.</p> <p>The activity programme provides opportunities to participate in te reo Māori, incorporating Māori language in regular activities, entertainment and singing, craft, participation in Māori language week, and Matariki. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents.</p> <p>Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as manicures, hand massage and craft activities are offered. Activities take place in the communal lounges in each area where residents and family/whānau can access newspapers, games, puzzles, and specific resources. Residents are encouraged to join in activities that are</p>
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		<p>appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include (but are not limited to) exercises; news and discussion sessions, music appreciation; walking groups, reminiscing, crafts; games; quizzes; entertainers; afternoon tea; board gaming; hand pampering; bingo; and happy hour. There are weekly van drives for residents, outings, and regular entertainers visiting the residents.</p> <p>Each resident in the secure dementia unit has an individualised daily activity plan and de-escalation/distraction strategies appropriate to them. The activities support reminiscing and sensory needs. Activities also include memory games and domestic chores. There is a regular volunteer who assists with activities in the dementia unit.</p> <p>There are regular family/ whānau and resident meetings involving residents from both units. Family/whānau are invited to attend. Family/whānau interviewed confirmed they find the meetings helpful for finding out what is happening in the facility and have an opportunity to provide feedback if necessary. Residents can provide an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging. A monthly newsletter is given to each resident and emailed to family/whānau.</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>	<p>FA</p>	<p>Medication management is safe and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications.</p> <p>The registered nurse and caregivers interviewed could describe their role regarding medication administration. Westmar uses blister packs for medication for regular use and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications are stored securely in the rest home medication room and in a locked cupboard and trolley in the dementia unit. Medication trolleys are always locked when not in use. The medication fridges</p>

	<p>and medication room temperatures are monitored daily. All temperature records reviewed showed that the temperatures are within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the general practitioner and charted on the medication chart. The six-monthly controlled drug physical check and reconciliation has been completed as per required timeframes.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed confirmed the general practitioner reviews all resident medication charts three-monthly, and each chart has a photo identification and allergy status identified.</p> <p>There were two rest home residents self-medicating over the counter medication on the days of audit and two residents self-administering creams. The residents all had a medication competency on file, which had been reviewed as per policy. Medications are stored appropriately. The facility follows documented policies and procedures when a resident wish to administer their medications.</p> <p>As required medications are administered as prescribed, with effectiveness documented on the electronic medication system and in progress notes. Medication competent caregivers or RNs sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The clinical manager described the process to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.</p> <p>The prospective purchaser confirmed the medication management system will remain unchanged.</p>
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<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>PA Low</p>	<p>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring 15 August 2025. Dry ingredients were decanted into containers for ease of access with the dispensing date and/or expiry date visible. The four-weekly seasonal menu was last been reviewed by a dietitian over three years ago. The cook is supported by kitchen hands in the evenings. All kitchen staff have completed safe food handling. There is a food services manual available in the kitchen.</p> <p>The cook receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The cook (interviewed) is aware of resident likes, dislikes, and special dietary requirements and resident profiles had been reviewed and updated as required. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. There are recipes available reflecting Māori inspired menu choices. Residents have access to nutritious snacks at any time of the day or night. On the day of audit, meals were observed to be well presented.</p> <p>The kitchen staff interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. Tapu and noa and their relevance to kitchen services were included in kitchen staff orientation. The cook has previously worked with Māori and is familiar with their dietary preferences.</p> <p>The service uses a paper based system to document monitoring of temperatures. Daily records include fridge and freezer temperatures recordings in kitchen and storage areas. Food temperatures are checked at different stages of the preparation process. These are all within safe limits.</p> <p>Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained as evidenced on completed records. Meals are directly served to rest home residents in the adjoining dining room and transported on trays to residents in the dementia unit. Residents were observed enjoying their meals. Staff</p>

		<p>were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.</p> <p>The prospective purchaser confirmed there will be no immediate changes made to the menu.</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>	<p>FA</p>	<p>Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a higher level of care. Discharge and transfer are planned processes that are communicated with residents and their family/whānau.</p> <p>Residents/family/whānau are advised of options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested. When residents are transferred to the public hospital, their family is informed. The general practitioner makes the referral to hospital. Relevant documentation is sent with the resident, including a printout of their current medications, care needs and a copy of enduring power of attorney documents.</p> <p>Where residents wish to be or need to be seen by another health service, referral is made. Examples of this were sighted in resident files, including referrals to the diabetes nurse specialist at Health New Zealand and wound nurse specialist at Nurse Maude. The clinical manager explained a referral is sent with accompanying monitoring record and photos as indicated.</p> <p>Residents attending external appointments are encouraged to be accompanied by their family, particularly those with dementia. Any risks are communicated to the external health provider by the registered nurse and documented in the file.</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>	<p>PA Low</p>	<p>The building holds a current warrant of fitness, which expires 1 July 2025. The owner is responsible for maintenance and gardens. Rooms are refurbished as they become vacant.</p> <p>The owner addresses day to day repairs and completes planned maintenance. There is a maintenance request book for repairs and maintenance requests at reception. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (last completed March 2024). Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occurs; however, hot water temperature records had not been completed as per policy. Records reviewed evidenced acceptable temperatures. Essential contractors/ tradespeople are available 24 hours a day as required. Calibration of medical equipment has occurred as planned (last completed November 2024).</p> <p>The building is a single level building with easy access to the spacious external gardens. A gardening team maintains gardens and grounds. There is outdoor furniture and shade available.</p> <p>The facility has corridors with handrails for residents to safely mobilise using mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The staff interviewed stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans. The facilities furnishings, floorings and equipment are suitable to meet resident needs.</p> <p>There are 25 rooms including 13 dementia level care and 12 rest home. The dementia unit is secure. There are three double rooms across the facility (25, 33 and 39) that are suitable for couples. Each unit has a dining area and separate communal lounge areas. The corridors, communal areas and rest home rooms are carpeted. Resident rooms in the dementia unit are a mix of carpet and vinyl planking. Bathrooms, kitchenette and service areas have vinyl surfaces. There are adequate storage areas for mobility equipment. Staff interviewed confirmed there is sufficient equipment to provide the care outlined in the residents' care plans. All resident rooms are spacious enough to allow residents to move about with mobility aids. Residents and family/whānau are encouraged to personalise resident</p>
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		<p>rooms, as viewed at the time of the audit. The residents interviewed confirmed their privacy was maintained while attending to personal hygiene cares.</p> <p>There is a mix of ceiling heaters, wall heaters and a large capacity heat pump for communal areas. All heaters in resident rooms and communal areas can be individually adjusted to suit individual preferences. All resident rooms have external windows and are well ventilated. The facility has plenty of natural light. All residents interviewed stated they were happy with the temperature of the facility. Furniture is arranged around to create a homely and welcoming environment.</p> <p>All bedrooms throughout the facility have a handbasin. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Communal toilets and showers have a system that indicates if they are vacant or occupied. Fittings, fixtures, and flooring is appropriate. All rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Equipment/accessories are available to promote resident independence.</p> <p>Group activities occur in the main lounge and residents interviewed stated they were able to use alternative communal areas if they did not wish to participate in the group activities being held in the main lounge. There is an additional small lounge in the rest home area.</p> <p>The facility has a resident van with current registration and warrant of fitness and can accommodate a wheelchair.</p> <p>The secure dementia unit has a large open plan lounge dining room with a small nurse station which overlooks the external communal area. The secure garden areas are freely accessible to residents. On the days of audit, these outdoor areas were well utilised by residents and visitors.</p> <p>The owner/ manager reported that that when there is a planned development for the building, there shall be consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori.</p> <p>The prospective buyers have no immediate plans to change the</p>
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		environment.
<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>	FA	<p>A disaster management plan outlines specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand (dated 12 January 2021). Fire evacuation drills are held six-monthly and were last completed 12 December 2024.</p> <p>Civil defence supplies are stored in identified cupboards in each area and are checked three-monthly. In the event of a power outage, emergency lighting provides sufficient lighting until the provider can access generators. The service has a generator which is sufficient to manage laundry, and kitchen can provide basic support. There is a local hire company which can provide additional generators if required. There are three generator access points available. A gas barbeque is available for cooking. There is adequate food supply available for each resident for minimum of three days. There are adequate supplies in the event of a civil defence emergency. The provider has 50 twenty litre containers of drinking water and a 3000-litre tank available, providing sufficient water supplies to provide residents and staff with three litres per day, for a minimum of three days. Emergency management is included in staff orientation and is included in the ongoing education plan. Emergency response flip charts are readily available. A minimum of one person trained in first aid is always available.</p> <p>There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. All areas have enunciators. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of the maintenance audit. The residents were observed to have their call bells in proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The facility is secured at night, with the doors and gates closing at predetermined times. There are closed circuit cameras in communal</p>

		<p>areas, corridors and at external doors; however, the system is not currently operational. The new provider is aware and plans to replace the system. Family/whānau are informed of emergency procedures as part of the admission process for their relative. On interview, staff confirmed an awareness of the process to follow should an emergency event occur.</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>	<p>FA</p>	<p>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the business plan and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme.</p> <p>The infection control coordinator has access to personnel with expertise in infection control and AMS. Expertise is accessed from Public Health, and Health New Zealand who can supply infection control resources.</p> <p>There is a documented pathway for reporting infection control and AMS issues to the owners. The registered nurse reports pandemic analysis to the clinical manager when it occurs. Outbreak of other infectious diseases is reported if and when they occur. There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the infection control coordinator, managers, the GP, and the Public Health team.</p> <p>A registered nurse is the infection control coordinator. A documented and signed role description for the position is in place. There are adequate resources to implement the infection control programme. The infection control coordinator is responsible for implementing the infection control programme, liaises with management and staff who meet monthly as part of the management/quality meeting and general staff meeting and as required. Infection control reports are discussed at the quality meetings and staff meetings. The infection control coordinator has access to all relevant resident data to undertake surveillance, internal audits, and investigations. Staff interviewed demonstrated an understanding of the infection prevention and control</p>

		programme.
<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 prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control and antimicrobial stewardship (AMS) programmes are reviewed annually by the clinical manager, infection control coordinator and external consultant, and is linked to the quality and business plan.</p> <p>There are documented policies and procedures in place that reflect current best practice relating to infection prevention and control and include policies for: hand hygiene; aseptic technique; transmission-based precautions; prevention of sharps injuries; prevention and management of communicable infectious diseases; management of current and emerging multidrug-resistant organisms (MDRO); outbreak management; single use items; healthcare acquired infection (HAI); and the built environment.</p> <p>Infection prevention and control resources including personal protective equipment (PPE), were accessible and observed to be used appropriately. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. Westmar has an organisational pandemic response plan in place which is reviewed and tested at regular intervals. The infection control coordinator has input when infection control policies and procedures are reviewed.</p> <p>The infection control coordinator completed infection control training and is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. Staff have completed infection control education in the last 12 months. The infection control coordinator has access to an online training system with resources, guidelines, and best practice. Infection control audits are completed and evidence compliance.</p> <p>At site level, the clinical manager has responsibility for purchasing consumables. All other equipment/resources are purchased at</p>

		<p>national level. Infection control coordinator stated they will have input into significant changes to the building, which will occur with collaboration and support from the cultural advisor and owners. There is a policy in place for decontamination of reusable medical devices and this is followed. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service completed cleaning and environmental audits to safely assess and evidence that these procedures are carried out. Aseptic techniques are promoted through hand hygiene, sterile single use wound packs for wound management and catheterisations. Educational resources in te reo Māori are accessible and available. All residents are included and participate in infection control and staff are trained in cultural safety.</p> <p>The prospective purchaser will implement the same infection control and AMS programme. The clinical director will assume the responsibility as infection control coordinator.</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>	FA	<p>There are approved policies and guidelines for antimicrobial prescribing. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the registered nurse and staff quality meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antibiotic use is reviewed monthly and reported at general staff and management/quality meetings.</p> <p>Prescribing of antimicrobial use is monitored, recorded, and analysed at site level. The service monitors antimicrobial use through evaluation and monitoring of medication prescribing charts, and medical notes.</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 surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional</p>	FA	<p>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the infection control policy in use at the facility. The infection control coordinator (registered nurse) uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the service.</p> <p>Monthly infection data is collected for all infections based on standard</p>

<p>surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>definitions. Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with outcomes and actions are discussed at the general staff and management/quality meetings. Meeting minutes are available to staff. Ethnicity data is included in benchmarking of infection control data at facility level. Review of benchmarking data shows that Westmar infection rates compared favourable to the benchmarking target rates. The infection control coordinator interviewed confirmed the process of creating improvement plans should this be required.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required and to keep family/whānau up to date on any infections,</p> <p>Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed and requirements if appropriate for isolation.</p> <p>There have been two Covid-19 outbreaks since last audit. The outbreaks were well documented, managed and reported. Outbreak meetings occurred regularly during the outbreaks. Residents and family/whānau were updated regularly through the outbreaks. Staff interviewed stated they were confident in their ability to manage the outbreak successfully.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors to the facility.</p> <p>There are no changes planned to the surveillance programme by the prospective purchaser.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate</p>	<p>FA</p>	<p>The facility implements a waste management policy that conform to legislative and local council requirements. Policies include (but are not limited to): considerations of staff orientation and education; incident/accident, and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p>

<p>decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>		<p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility. Staff receive training and education in waste management and infection control as a component of the mandatory training.</p> <p>Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks.</p> <p>Cleaning services are provided seven days a week. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are appropriately labelled. There are designated locked room for the safe and hygienic storage of cleaning equipment and chemicals. Housekeepers are aware of the requirement to keep their cleaning trolleys in sight. Cleaning staff have completed chemical safety training.</p> <p>The safe and hygienic collection and transport of laundry items into relevant colour containers was witnessed. There is a laundry on site with a clear dirty to clean flow area. All linen is laundered on site. Staff interviewed confirm there is enough linen available over weekends. Residents' woollen items and mop heads are laundered separately. Visual inspection of the on-site laundry area demonstrated the implementation of a clean/dirty process. Residents' clothing is labelled and personally delivered to their rooms by staff. Residents and family/whānau confirmed satisfaction with laundry services in interviews. Any concerns that arise are immediately addressed.</p> <p>There is a policy to provide direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. The policy details consultation required with the infection control team. There were no construction, installation, or maintenance in progress at the time of the audit. Infection control internal audits are completed by the infection control coordinator.</p> <p>The prospective purchaser confirmed the laundry processes will remain onsite, and there will be no changes to cleaning processes.</p>
Subsection 6.1: A process of restraint	FA	The policy and procedures for restraint minimisation and safe practice

<p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>specify the organisation is committed to providing a restraint-free environment. This is supported by the owners. At the time of the audit there were no residents required restraint.</p> <p>The clinical manager is a registered nurse is the delegated restraint coordinators. A job description is in place. The clinical manager reports monthly to the general staff and management/quality meetings in relation to the success of the restraint free strategies. There is a restraint approval committee consisting of the clinical manager, other manager, registered nurses and three caregivers. The committee meets six monthly to review education and restraint free strategies.</p> <p>The policy requires staff to explore all alternatives prior to the use of restraint and any decisions must be in consultation with family/whānau. When restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. A review of the documentation available for residents using restraint, included processes and resources for assessment, authorisation and consent, monitoring, and evaluation. The restraint approval process includes the resident, enduring power of attorney, GP and restraint coordinator.</p> <p>Restraint related training which includes policies and procedures related to management of challenging behaviour, cultural training and de-escalation strategies is completed as part of the mandatory training plan and orientation. The restraint audit is completed annually.</p> <p>The prospective purchaser confirmed governance commitment to eliminate restraint and maintain a restraint free environment at Peaceful Pines Living. The prospective purchaser interviewed is well versed with their responsibilities in respect of restraint minimisation and safe practice.</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)
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	<p>There is a documented staff training policy. Training topics are provided on `Caretraining` online platform, face to face and group training sessions with speakers. The part time registered nurses are responsible for the implementation of the training schedule and to monitor participation and attendance. Compulsory training also includes topics relevant to the conditions of the cohort of residents within the facility. Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. An annual in-service programme is implemented, and all</p>	<p>The attendance/participation in training related to core topics related to hydration, skin management (ageing- skin), dementia (note training related to challenging behaviour has been completed), sexuality and intimacy and staff boundaries and ethical behaviour was documented to be under 25%.</p>	<p>Ensure that all staff attended core related topics that are compulsory.</p> <p>90 days</p>

		compulsory topics are included; however, the attendance numbers documented for care staff related to core topics provided between September to December 2024 were inadequately attended.		
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	PA Low	<p>There is a wound and skin care management policy documented. Interventions related to dressings have been completed by caregivers who follow the wound management plan; however, completion of wound dressings have not been consistently documented in the wound management plan or progress notes when completed. The clinical manager has reviewed the dressings and documented findings. There was evidence of progression towards healing. This finding relates to documentation only.</p>	<p>Documentation related to the frequency of wound dressings have not been consistently documented as scheduled.</p>	<p>Ensure wound management plans evidence dressings occur as scheduled.</p> <p>90 days</p>

<p>Criterion 3.5.4</p> <p>The nutritional value of menus shall be reviewed by appropriately qualified personnel such as dietitians.</p>	<p>PA Low</p>	<p>Policy and best practice requires a menu review every two years; however, this was last undertaken in May 2021. The clinical manager had documented email evidence of ongoing requests for a review to be completed by a contracted dietician; however, this has not yet been scheduled due to contractor time constraints.</p>	<p>A review of the menu by a qualified dietitian has not been undertaken for over three years.</p>	<p>Ensure a menu review is completed biannually as per policy.</p> <p>90 days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	<p>PA Low</p>	<p>Hot water testing was undertaken monthly and include the kitchen and laundry area; however, testing did not always include resident rooms. Temperatures were recorded at variable levels; however, none were above 45 degrees. On the day of audit all rooms were checked, and temperatures were all documented between 42 and 45 degrees</p>	<p>Hot water temperatures had not been recorded as per internal audit guidelines.</p>	<p>Ensure monthly checking of hot water temperatures include in a selection of resident rooms.</p> <p>90 days</p>

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

No data to display

End of the report.