

# Sunrise Healthcare Limited - West Harbour Gardens

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## Introduction

This report records the results of a Surveillance 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:

<b>Legal entity:</b>	Sunrise Healthcare Limited
<b>Premises audited:</b>	West Harbour Gardens
<b>Services audited:</b>	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Dementia care
<b>Dates of audit:</b>	Start date: 16 December 2024      End date: 17 December 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	69



# Executive summary of the audit

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## Introduction

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

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

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service are partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service are unattained and of moderate or high risk

## General overview of the audit

West Harbour Gardens is a privately owned facility certified to provide rest home level of care, hospital-level care (medical and geriatric), dementia, and residential disability services (physical and intellectual) for up to 72 residents. There were 69 residents on the day of the audit.

The facility manager is appropriately qualified and experienced, supported by a clinical manager (registered nurse), human resources manager, quality assurance manager, and a team of experienced care staff. Quality systems are implemented. Induction and in-service training programmes are in place to provide staff with appropriate knowledge and skills to deliver care.

This surveillance audit was conducted against a sub-section of Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Health New Zealand- Te Whatu Ora. The audit processes included observations, a review of organisational documents and records, including staff records and the files of residents, interviews with residents and their family/whānau, and interviews with staff, management, and the general practitioner.

The previous areas of improvement around staffing, and timeliness of initial assessments and care plans have been addressed.

This audit identified that the service meets the required subset of the Ngā Paerewa Standard.

## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service are fully attained.
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West Harbour Gardens works collaboratively to support and encourage a Māori world-view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Pacific peoples are provided with services that recognise their worldview and are culturally safe. Residents and staff stated that culturally appropriate care is provided.

Residents receive services in a manner that considers their dignity, privacy, and independence. 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 are understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are managed and documented.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service are fully attained.
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West Harbour Gardens' business plan (2024-2025) includes mission, vision, and values statements, with goals documented. These are regularly reviewed. Quality goals and quarterly improvement reports are completed and documented. The quality and risk management systems are focused on quality service provision and care. The quality and risk management processes use a risk-based approach.

The service and management ensure the best outcomes for residents and that their health and safety are a priority. Actual and potential risks are identified and mitigated. The service complies with all statutory and regulatory reporting obligations and meets the contract's requirements with Health New Zealand-Te Whatu Ora.

Staff coverage is maintained for all shifts. Residents' acuity is considered when planning and ensuring adequate coverage. Staff employed are provided with orientation and job descriptions and receive education. All employed and contracted health professionals maintain a current practising certificate.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service are fully attained.
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InterRAI assessments are used to identify residents' needs, and long-term care plans are developed and implemented. The general practitioner completes a medical assessment within the required timeframe, and reviews occur thereafter at least three-monthly. Residents' files reviewed demonstrated evaluations are completed at least six-monthly.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The food service meets the nutritional needs and preferences of the residents. The service has a current food control plan. Residents and family confirmed satisfaction with the meals provided.

Transition, discharge, or transfer is managed in a planned and coordinated manner.

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

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

Subsections applicable to this service are fully attained.

The building has a current warrant of fitness. There is a planned and reactive maintenance programme in place. Equipment and electrical appliances are serviced and tested regularly. The building is well maintained. Residents have ready access to safe and appropriate outdoor gardens. Residents in the secure dementia unit have a separate and safe garden area.

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

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

Subsections applicable to this service are fully attained.

The clinical manager coordinates the infection control programme. The infection control programme has been approved by the directors and management team and has been reviewed annually. Staff orientation and ongoing education are maintained.

Surveillance of health care-associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. Infection outbreaks of Covid-19 are managed according to Ministry of Health guidelines.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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The restraint minimisation policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. The strategic plan aims to be restraint free. There is no use of restraint. Staff receive ongoing training in restraint minimisation and safe practice and complete an annual competency test.

### 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	18	0	0	0	0	0
Criteria	0	49	0	0	0	0	0

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



# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<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 and associated cultural policies are documented for the service, which are based on Te Tiriti o Waitangi, and the documents provide a framework for care delivery. As a key element of cultural awareness, safety, and competency, West Harbour Gardens acknowledges and is committed to the unique place of Māori under the Treaty of Waitangi. West Harbour Gardens is committed to providing services in a culturally appropriate manner and ensuring that the integrity of each person’s culture is acknowledged, respected, and maintained.</p> <p>The facility manager (FM) reported that care plans include cultural assessments with cultural links and provide an opportunity for the service to cater to any cultural needs. Documentation reflected their values and beliefs. Key relationships with Māori are in place through consultation with existing Māori staff, family/whānau, and links in the community.</p> <p>Family/whānau and resident involvement is encouraged in assessment and care planning, and visiting is encouraged, as evidenced during interviews. Te Whare Tapa Wha health model is incorporated into all Māori and other residents' care. The service currently has residents and staff who identify as Māori. The management team and staff have completed training on Te Tiriti o Waitangi and health equity.</p> <p>Interviews with managers and staff (FM, clinical manager [CM], two</p>

		registered nurses, one chef, five caregivers), described ways they apply the principles of Te Tiriti into practice in relation to their roles.
<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>	FA	<p>The organisation has a Pacific Peoples Policy and Procedure, which outlines how it responds to the cultural needs of residents and how staff are supported to ensure culturally safe practice. There is also Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025 to guide care. The service embraces Pacific models of care through various organisations that can provide support and guidance when Pacific people are being supported. Staff were familiar with local Pacific services and resources. Support is also offered through staff and various Christian churches in the local area on an 'as required' basis, and staff interviewed were able to identify links in the community.</p> <p>There were residents and staff who identified as Pasifika working at this service, who can ensure that any residents, and their family are supported in a culturally safe manner. The staff interviewed could describe how they would support any resident or family member who identified as Pasifika.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>All staff interviewed at the service understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Family/whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service), and confirmed they were provided with opportunities to discuss and clarify their rights. Six residents were interviewed, (three hospital – including two younger persons with disabilities, and three rest home) and five family members (two hospital – including one related to younger person with disability, two rest home, and one dementia). All reported that the Code of Rights was adhered to and that residents were aware of their rights. Residents including young people with disabilities are able to maintain their personal, gender, sexual, cultural, religious and spiritual identity.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>All staff understood the service’s policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff annually. Residents reported that their property and finances were respected, and professional boundaries were maintained.</p> <p>The FM reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau and residents stated that they were free from any type of discrimination, harassment, physical or sexual abuse or neglect and were safe. Policies and procedures, such as the harassment, discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</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>	FA	<p>Signed admission agreements were evidenced in the sampled residents’ records. Informed consent for specific procedures had been gained appropriately. Resuscitation care plans were signed by residents who were competent and able to consent, and a medical decision was made by a general practitioner (GP) for residents who could not provide consent. Residents with disabilities were able to provide consent for services provided; enduring powers of attorneys were involved where appropriate. This was verified in interviews with residents and family/whānau. Staff have been trained around the Code of Rights, informed consent, and enduring power of attorney.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I</p>	FA	<p>The complaint management policy and procedures were documented to guide staff. The process complies with Right 10 of the Code of Rights, which is the right to complain, to be taken seriously and respected, and to</p>

<p>complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>receive a timely response. The service has a complaint register in place. Thirteen complaints were lodged in 2023, and eleven have been lodged in 2024 year to date. The FM reported that the complaint process timeframes are adhered to, and service improvement measures are implemented as required. Documentation, including follow-up letters and resolutions, is completed and managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and families/whānau confirmed that they are provided with information on the complaints process and remarked that any concerns or issues they had, are addressed promptly.</p> <p>Families/whānau and residents making complaints can involve an independent support person. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights is visible and available in te reo Māori and English. Residents and family/whānau spoken with expressed satisfaction with the complaint process. In the event of a complaint from a Māori resident or whanau member, the service would seek the assistance of an interpreter or cultural advisor if needed.</p> <p>An external complaint through the National Disability Advocacy Services in January 2024 has been closed. The complaint was followed up, and corrective actions identified were signed off. The service has complied with all requests for further information within the required timeframes to the complainant's satisfaction.</p> <p>On the last day of the audit the service was alerted to a complaint via Health New Zealand. There were no issues identified during the audit in relation to this complaint.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p>	<p>FA</p>	<p>West Harbour Gardens, located in West Harbour, Auckland, provides dementia care, rest home level of care, hospital level care, and residential disability services – physical and intellectual, for up to 72 residents. There are 11 beds in the dementia unit. All remaining beds are dual purpose.</p> <p>On the audit days, there were 69 residents: 17 rest home; 42 hospital including one respite resident, and five residents on the long-term support chronic health care (LTS-CHC) contract. Ten residents were in the dementia unit, and there were fourteen younger residents with a disability;</p>

<p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>ten with a physical disability and four residents with an intellectual disability, all at hospital level of care all funded through Taikura Trust. The remaining residents being under the age-related residential care contract (ARRC).</p> <p>West Harbour Gardens is the trading name of Sunrise Healthcare Limited, a privately owned company by two directors. The directors own six other aged care facilities in Auckland. One of the owners is a qualified accountant responsible for financial issues, and the second is responsible for maintenance and property activities. The FM (non-clinical) is supported by a CM, a quality assurance manager (registered nurse), a human resources manager, and an experienced care team. The FM works across two sites and is on-site at each site for 20 hours a week. Responsibilities and accountabilities are clearly defined. The FM confirmed knowledge of the sector, regulatory, Ministry of Health and other mandatory reporting body requirements.</p> <p>The FM meets quarterly with the directors to facilitate the link between management and governance. The business plan for 2024-2025 and quality goals, and quarterly improvement report for 2024 were in place. A mission, philosophy and objectives are documented for the service. The document describes annual and long-term objectives and the associated operational plans. A member of the governance body meets at least once weekly with the CM and FM to provide an opportunity to review the day-to-day operations and to review progress towards meeting the business objectives. The FM, CM and the quality assurance manager meet regularly to analyse the quality data and provide clinical oversight of the facility.</p> <p>The governance body monitors organisational performance, including finances, reports, and the approval of policies and procedures. Monitoring and reviewing performance are completed at each management meeting and at regular intervals. The quality programme includes a quality programme policy and quality goals. The FM, who is the health and safety officer, is familiar with the reporting process and risk management responsibilities.</p> <p>The Māori health plan incorporates Te Tiriti o Waitangi principles, including partnership, recognising all cultures as partners and valuing each culture for its contributions. The governance body liaises with other external organisations to assist in removing barriers for Māori and</p>
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		<p>improving policy and processes to be equitable and inclusive. There is a collaboration with mana whenua in business planning and service development that supports outcomes to achieve equity for Māori.</p> <p>The clinical governance structure in place is responsible for overseeing clinical issues, and the group clinical manager leads this. Management maintains up-to-date knowledge of evidence-based practice through ongoing professional development and participation in the NZ Aged Care Association conferences and Health New Zealand-Te Whatu Ora workshops.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The service implements the organisation's quality and risk management programme, which the organisational framework directs. The quality management systems include performance evaluation through monitoring, measurement, analysis, and evaluation, a programme of internal audits, and a process for identifying and addressing corrective actions.</p> <p>Internal audits, meetings (including monthly staff meetings, residents' meetings, monthly health and safety/quality and infection prevention control meetings), and data collation were documented as scheduled, with corrective actions completed as required. Corrective actions were documented to address service improvements, with evidence of progress and sign-off when achieved. The corrective actions were documented and discussed in staff meetings. Meetings provide an avenue for discussions about key performance indicators (including clinical such as infections, bruising, pressure injuries, skin tears, urinary tract infections, restraint etc); quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Meeting minutes and quality data are accessible to staff.</p> <p>Resident satisfaction surveys completed in March 2024 reflected high levels of satisfaction in all areas, including, staffing, activities, meals, cleaning, communication, and staff positive attitudes. The FM reported that the service had addressed areas of concern from the survey related to nursing care, private sitting places for visitors, and complaints management process. Evidence of this was sighted in the meeting minutes, and corrective action reports were reviewed. Furthermore, the</p>

		<p>reviewed staff meeting minutes reflected ongoing monitoring of these areas. Interviews with residents and family/whānau were positive and complimentary of all aspects of the service.</p> <p>The risk management plan, policies, and procedures clearly describe all potential internal and external risks and corresponding mitigation strategies in accordance with the National Adverse Event Reporting Policy. Reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, as evidenced in the reviewed ten accident/incident forms. Incident and accident data is collated monthly and analysed. Results are discussed at the meetings. The FM and CM review every adverse event and identify opportunities to minimise future risks.</p> <p>A health and safety system with identified health and safety goals is in place. Hazard identification forms are held at the entrance, and an up-to-date hazard register was sighted. The health and safety officer implements and monitors health and safety policies. There are regular manual handling sessions for staff. Staff state that they are kept informed on health and safety issues.</p> <p>Discussions with the FM and CM evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 completed. Covid-19 infection outbreak notifications were completed. Adverse events notifications to the Health Quality and Safety Commission were completed for two unstageable pressure injuries.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-</p>	FA	<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. Care staff reported that there had been adequate staff at the service. Residents and family/whānau interviewed supported this. Over the past four weeks, rosters showed that all shifts were covered by experienced staff, with support from the management team. Registered nurses, and a selected few caregivers maintain current first aid certificates, so a first aider is always on site. The CM covers all clinical issues, while the FM is responsible for all staffing</p>

<p>centred services.</p>		<p>and management issues.</p> <p>The previous shortfall (2.3.1) around staffing has been addressed. Management includes an FM and a CM who works Monday to Friday from 08:00am to 4:30pm. There are two registered nurses in the morning, two in the afternoon and one at night. Ten caregivers in the morning plus two activities coordinators, seven caregivers in the afternoon and four at night. Additionally, there are two housekeepers, two chefs, one laundry and two kitchen assistants daily.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Education specific to the care of younger adults is part of the education schedule and was last undertaken (supporting a younger person's well-being). The FM and CM reported that training is completed online or face-to-face. Evidence of regular education provided to staff was sighted in attendance records. Training and competency topics included (but were not limited to) Covid-19 (syringe driver competency, donning and doffing of personal protective equipment and standard infection control precautions), abuse and neglect; challenging behaviour; cultural safety; chemical safety; medicine management, sexuality and intimacy; recognising acute deterioration; pain management; personal care and practical care skills; dementia management training; skin integrity training; wound care; palliative care; food safety; restraint minimisation; continence and bowel management training; first aid; and fire evacuation.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 38 caregivers, 18 have completed their level four qualification, 13 have completed their level three qualification, three have completed their level two qualification, and four have level one qualification. Fourteen caregivers who can work in the dementia unit have all attained the dementia unit standards. The CM reported that the model of care ensured that all residents were treated equitably.</p> <p>Registered nurses are accredited and maintain competencies to conduct interRAI assessments. These staff records sampled demonstrated completion of the required training and competency assessments.</p>
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<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>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation, including recruitment, selection, orientation, and staff training and development.</p> <p>Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for the registered nurse and associated health contractors (general practitioner, pharmacists, a physiotherapist, a podiatrist, and a dietitian).</p> <p>A sample of staff records reviewed confirmed that the organisation's policies are being consistently implemented. All staff records reviewed evidenced completed induction and orientation. Six staff files (CM, registered nurse, diversional therapist, chef, caregiver, laundry) were reviewed. Staff files included: reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreements; and position descriptions.</p> <p>Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff reported that they have input into the performance appraisal process, and that they can set their own goals.</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>FA</p>	<p>Six resident files were reviewed, including two dementia level residents, one hospital level resident one resident with an intellectual disability, one resident with a physical disability (both on younger person with a disability [YPD] contract and both hospital level of care), and one rest home level resident. Registered nurses are responsible for assessing residents on admission and an ongoing basis. All resident files reviewed have evidence of resident, family and whānau involvement in the assessment and care planning process. Residents interviewed confirmed they are involved in decision-making and have choices about their care. Assessments, interim care plans, interRAI assessments and long-term care plans are developed within the timeframes required by the aged-related residential care contract. the previous shortfall (3.2.1) has been addressed.</p> <p>InterRAI assessments are not required for residents not on the ARRC</p>

	<p>contract; however, comprehensive assessments are completed and the wishes of residents, family/whānau are incorporated to inform long-term care plans.</p> <p>Medical assessments are completed by the contracted general practitioner within the required timeframes. Residents then have a three-monthly review by the general practitioner as a routine, or if their needs change, they are seen when needed. The general practice provides 24-hour and seven days per week on-call services. A physiotherapist is contracted for four hours per week, and extra, if needed, completes mobility assessments and develops a mobility/transfer plan. Residents have access to a visiting podiatrist six-weekly. Dietitian input is sought where required. Allied health practitioner and general practitioner assessments and interventions are documented and integrated into care plans.</p> <p>A review of resident files shows that the assessment is comprehensive and utilises the tools embedded in the InterRAI system and other validated tools. Where InterRAI shows a trigger for a specific need, this is included in care plans. Care plans are comprehensive, individualised and holistic. Care plans for residents in the dementia unit include triggers for behaviour, strategies for management and information from the family/whānau on what strategies have been successful in the past. The care plans also include activities over the 24-hour period.</p> <p>Enabling good life principles for younger people with disabilities are in place, and care plans are person-centred and individualised to include community engagement and family and social support. Families/whānau of YPD residents are very involved in all decisions relating to their loved one's care.</p> <p>Registered nurses and caregivers described how they involve residents, families/whānau in implementing care plans. Residents and families/whānau interviewed confirmed they feel the staff is involved with them and communicates well with them and in a timely manner. They stated that staff are respectful and kind and answer call bells promptly. The general practitioner confirmed that the staff were knowledgeable and competent and notified them when there were any changes.</p> <p>Caregivers interviewed could describe a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was</p>
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	<p>observed during the audit. Progress notes and monitoring charts for personal care document care provided according to the care plan each shift. Registered nurses document every shift at the hospital level and daily and as necessary for rest home and dementia-level residents. Caregivers document the care provided each shift. There is regular documented input from the general practitioner and allied health professionals. There was evidence that the registered nurse has added to the progress notes when there was an incident or changes in health status or to complete regular registered nurse reviews of the care provided. Short-term care plans are developed when there are short-term needs such as wounds or infections.</p> <p>Care plans are reviewed routinely every six months or more frequently if the needs of residents' change. InterRAI assessments are completed before the care plan review so that outcome measurements are utilised to evaluate progress or identify new needs. Families and whānau are invited to either attend for care plan reviews or to email any suggestions if they cannot attend. Care plan reviews include a review of the residents' goals and aspirations and if the supports are helping achieve these.</p> <p>The registered nurse monitors residents' weight and vital signs according to their needs, which is done monthly as a routine but more frequently when indicated. Neurological observations are completed at recommended intervals for residents with unwitnessed falls or where the head is hit. Monitoring charts are completed according to identified needs and include (but are not limited to) bowels, food and fluids, behaviour, blood glucose levels, positioning, personal care and fall risk.</p> <p>At the time of the audit, there were a total of 25 wounds, including one unstageable and one stage two pressure injury. Staff can access a wound nurse specialist if needed. Assessments and wound management plans were reviewed, including wound measurements and photographs. An electronic wound register has been fully maintained. Wound assessment, wound management, evaluation forms, and wound monitoring occurred as planned in the wound-reviewed sample. Caregivers and registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p>
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<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>Policies and procedures for medication management align with current guidelines and legislation. The Medimap system is in place for prescribing and documenting administration. Medication rounds were observed in the hospital, rest home and dementia units, and they were seen to be safe. Medications are administered by registered nurses and caregivers. All staff administering medications are required to pass an annual competency test and have ongoing training in medicine management.</p> <p>Medications are supplied by a local pharmacy in Robotic packs. Staff could describe their responsibilities for receiving medications from the pharmacy, including checking against prescriptions. Expired and unused medications are returned to the pharmacy. Medicines were seen to be stored securely. The registered nurse complete expiry date checks of stored medications monthly. The medication refrigerator and room temperatures are monitored daily and within an acceptable range. Liquid medications and eye drops are labelled with the date of opening.</p> <p>Twelve medication charts were reviewed. These meet prescribing requirements and are reviewed at least three-monthly by the general practitioner. Any changes to medications are discussed with residents and families. All medication charts had photographic identification. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Pro re nata medications have the indications documented in the prescription, and their effectiveness is documented in the electronic medication system. Residents with disabilities are supported to access medications.</p> <p>There are no standing orders and no residents self-administer their medications, although there is a process for this documented in the policy.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to</p>	<p>FA</p>	<p>Food preferences, dislikes, intolerances, allergies, and required food textures are identified upon admission and communicated to the chef, who keeps a whiteboard of this information up-to-date and has a folder of all dietary profiles. If residents don't like what is on the menu, alternatives are prepared. Residents interviewed confirmed they are happy with the</p>

<p>traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>meals provided and can give feedback at any time. They stated that an alternative is offered if they don't like what is provided.</p> <p>The food control plan is current to 1 November 2025.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transition, transfer to another facility or hospital and discharge is a planned process that includes communication with the resident and their family/whānau and communicating and documenting the care needs and potential risks to the other facility. If a resident becomes acutely unwell the registered nurse can call the general practitioner for advice. If a resident needs urgent transfer to hospital, the ambulance is called and family/whānau informed. Registered nurses described the required documentation required to accompany the resident to hospital and confirmed the family/whānau are notified.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building warrant of fitness is current to 16 November 2025. There is a full-time maintenance person employed. There is a preventative maintenance plan (sighted) with weekly, monthly, three monthly and annual tasks to be completed. There is a logbook for staff to log maintenance and repair requests. This is checked by the maintenance person daily and signed off when completed. Essential contractors such as plumbers and electricians are available 24 hours as required. A review of maintenance records shows clinical equipment, including hoists, was serviced and calibrated as needed on 31 July 2024, and electrical appliances were tested and tagged in August 2024.</p> <p>Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the home and can personalise their room.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>West Harbour Gardens has implemented a clearly defined and documented infection prevention control (IPC) programme developed with input from external IPC services. The directors and management team have approved the IPC programme in consultation with the CM and group clinical manager, and it is linked to the quality improvement programme. The IPC programme was current and has been reviewed annually. The IPC policies were developed by suitably qualified personnel, complied with relevant legislation, and accepted best practices. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>Staff have received education in IPC at orientation and through ongoing annual online education sessions. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents and family/whānau.</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 surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity data, is collated, and action plans are implemented. The HAIs being monitored included urinary tract infections, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used. Surveillance results and recommendations to improve performance are discussed at staff meetings and reported to the directors.</p> <p>Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed during shift handovers for the implementation of early interventions. Three-monthly benchmarking via an external consultant also occurs.</p> <p>Covid-19 infection outbreaks reported in December 2023 and May 2024 were managed in accordance with the pandemic plan, and with</p>

		appropriate notification completed.
<p>Subsection 6.1: A process of restraint</p> <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>	FA	<p>The restraint minimisation and safe practice policy specifies the organisation's commitment to maintaining a restraint-free environment. There is no use of restraint. The policy and procedures describe the process for implementing restraint, including a holistic assessment, an approval process that includes family/whānau and the general practitioner, identifying alternative strategies, including de-escalation, and monitoring and reviewing restraint. The clinical manager is the restraint coordinator.</p> <p>Staff receive ongoing training in maintaining a restraint free environment, de-escalation, cultural safety and alternative strategies to the use of restraint. Caregivers and registered nurses complete an annual competency test in restraint minimisation.</p>

## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.