

Dargaville Aged Care Limited - Norfolk Court Home and Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Dargaville Aged Care Limited	
Premises audited:	Norfolk Court Home and Hospital	
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care	
Dates of audit:	Start date: 19 February 2025	End date: 20 February 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:	61	

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Dargaville Aged Care Limited – Norfolk Court Home and Hospital (Norfolk Court) provides rest home, secure dementia, and geriatric hospital care for up to 63 residents. The facility is owned by a managing director/owner and is supported by an operations manager, facility manager and clinical nurse manager. There have been no structural changes to the service or building, nor refurbishment of the home, and the dementia unit is almost complete.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021. The service holds contracts with Te Whatu Ora – Health New Zealand Te Tai Tokerau (Te Whatu Ora Te Tai Tokerau). This audit included review of policies and procedures, review of resident and staff files, observations, and interviews with residents, family members, the owner/director, managers, staff, contracted allied health providers and a general practitioner.

A strength of the service resulted in a continuous improvement rating in medication process. There were no corrective actions.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



Subsections applicable to this service fully attained.

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

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

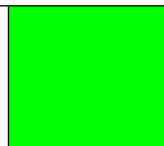
Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training,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

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

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

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

The director/owners have accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

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

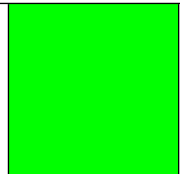
The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies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

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

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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When people are admitted to Norfolk Court Home and Hospital, a person-centred and whānau-centred approach is adopted. Relevant information was provided to the potential resident and whānau.

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


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

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

The food service met safe food guidelines and the nutritional needs of the residents. Individual cultural needs were catered for.

Residents were referred or transferred to other health services as required

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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Norfolk Court Home and Hospital met the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment is tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

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

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

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

Subsections applicable to this service fully attained.

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

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

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

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

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective laundry and cleaning services.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

Norfolk Court Home and Hospital is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

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

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Norfolk Court Home and Hospital has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake was respected. Partnerships have been established with an external cultural advisor and a local kaumatua to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed, and with the support of the cultural advisor and local kaumatua, it is used for residents who identify as Māori.</p> <p>Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit, there were staff employed who identified as Māori. Staff ethnicity data was documented on recruitment and trended.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p>	FA	<p>There are no local Pasifika groups within the community; however, a Pacific plan that supports culturally safe practices and equity is available if a resident that identified as Pasifika was admitted to the home. Partnerships enable ongoing planning and evaluation of</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>services and outcomes. At the time of audit, there were no residents that identified as Pasifika. However, active recruitment, training and actions to retain a Pacific workforce are supported through advertising, resulting in Pasifika staff being employed across roles who would also play an active role in supporting residents that identify 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>	<p>FA</p>	<p>Staff interviewed at Norfolk Court Home and Hospital (Norfolk Court) understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. The Code was framed and on display in English, te reo Māori and New Zealand Sign Language throughout the home. Brochures on the Code and a range of other services were available in the reception area.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. Information on the Advocacy Service was framed and on display in hallways.</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>Norfolk Court supported residents in a way that was inclusive and respected their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to respond to residents in a respectful manner and maintain residents' privacy. All resident and whānau interviews made mention of how respectful the staff and management team at Norfolk were towards them. Process were in place to ensure privacy was provided for residents in shared rooms.</p> <p>Te reo Māori and tikanga Māori were promoted within the facility through signage and observed practices. Staff have undertaken</p>

		<p>training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha were responded to, including their participation in te ao Māori.</p> <p>Closed-circuit television (CCTV) operates in communal areas and the treatment room. Signage at the entrance advises those entering of its existence.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff understood Norfolk Court's policy on abuse and neglect, including what to do should there be any signs of such. There were no examples of discrimination, coercion or harassment identified during the audit through staff and/or patient or whānau interviews, or in documentation reviewed.</p> <p>Residents' rooms at Norfolk Court were large and furnished with the residents' own property. Wall hangings reflected residents' past creative achievements, and photographs captured the residents' previous adventures and whānau connections. Residents reported their property was cared for and respected. Finances were protected, with residents having access to a locked drawer in their room.</p> <p>Professional boundaries were maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people</p>	FA	<p>Residents and whānau at Norfolk Court reported that communication was open and effective, and they felt listened to. Comments by residents and whānau included "ask and you will receive, with a smile" and "it's a joy to be here" were frequent. Any requests were responded to immediately. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to relatives/whānau in a timely manner. Where other</p>

<p>who use our services and effectively communicate with them about their choices.</p>		<p>agencies were involved in care, communication had occurred.</p> <p>Examples of open communication were evident following GP visits, adverse events and during management of any complaints.</p> <p>Staff knew how to access interpreter services, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents and/or their legal representative were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making.</p> <p>Residents sharing rooms were doing so at their/whānau request, and this was verified by interviews. Consents were signed to verify this was requested. Residents sharing (six) were either couples or close friends.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.</p> <p>Advance care planning, establishing and documenting Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p> <p>Files reviewed in the secure unit had either activated EPOAs or an application for Protection of Personal Property (PPPR) documentation in place. All files reviewed had a specialist's authorisation that the resident required care in a secure unit.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable</p>	<p>FA</p>	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation. Where possible, improvements had been made as a result of the investigation, and</p>

<p>system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>this was evident in staff interviews and meeting minutes. There were no open complaints at the time of audit.</p> <p>The service assured the process works equitably for Māori by providing the complaints form in te reo Māori, having the support of a local kaumatua when required. Regular training for staff in the complaints process and tikanga has also occurred.</p> <p>There have been two Health and Disability Commissioner (HDC) complaints made since the previous audit. Both complaints were found by the HDC to be unsubstantiated and were closed.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The managing director/owner assumes accountability for delivering a high-quality service to the resident communities served. Meaningful guidance and support are provided by an external cultural advisor and a local kaumatua. The owner/director and managers demonstrated expertise in Te Tiriti, health equity and cultural safety.</p> <p>The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation and there is an experienced and suitably qualified person managing the service.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. The service's organisational philosophy and strategic plan reflect a person/family-centred approach to all services. A focus on identifying barriers to access, improving outcomes and achieving equity for Māori and tāngata whaikaha was evident as part of the current business and strategic plan and monitoring documentation reviewed. Evidence was also observed in day-to-day conversations, the activities programme, the environment in general, and staff interviews at time of audit.</p> <p>Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required.</p> <p>People receiving services, and their whānau, participate in planning</p>

		<p>and evaluation of services through resident meetings and everyday conversations.</p> <p>Norfolk Court Home and Hospital has 63 certified beds. Forty-one of the beds are dual purpose and six are twin-occupancy rooms. Three of the six twin-occupancy rooms were occupied by two residents. Norfolk Court has decided to keep three of the twin-occupancy rooms as single rooms and there are plans for these rooms to be refurbished.</p> <p>The service holds contracts with Te Whatu Ora Te Tai Tokerau for Age-Related Residential Care (ARRC) for rest home, hospital level and dementia level care. Also held is a Whaikaha – Ministry of Disabled People contract, a Long-Term Support – Chronic health Conditions contract (LTS-CHC). Te Whatu Ora Te Tai Tokerau has purchased a bed and admits residents under a short-term Residential Respite Care Service for Older People in Residential Aged Care contract. On the day of audit, seven residents were receiving rest home level care; one resident was admitted for respite care and one resident was admitted under the Long-Term Support – Chronic Health Conditions contract. There were 15 residents receiving dementia level of care and 36 residents receiving hospital level of care, one resident was admitted under an Accident Compensation Corporation (ACC) contract.</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>Norfolk Court Home and Hospital transferred to an electronic quality system in December 2024 and is supported by an external consultant group. Norfolk Court has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, and clinical incidents including infections. Residents, whānau and staff contribute to quality improvement through day-to-day discussions, resident and whānau meetings, and staff and resident satisfaction surveys. A resident satisfaction survey in July of 2024, in which 17 residents participated, found that the majority of residents were satisfied with the support received. A staff satisfaction survey in</p>

		<p>November/December 2024 found staff were satisfied overall; however, as only 14 staff completed the survey, a corrective action identified that the survey will be re-posted in March 2025.</p> <p>Critical analysis of practices and systems, using ethnicity data, identifies possible inequities and the service works to address these. Delivering high-quality care to Māori residents is supported through relevant training, tikanga policies, and access to cultural support roles internally and externally.</p> <p>Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated.</p> <p>The policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>The owner/director described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The director/owner and management team understood and have complied with essential notification reporting requirements. There have been two essential notifications; one notification was reflective of four incidents.</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. 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</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Norfolk Court adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. All the registered nurses</p>

<p>managed to deliver effective person-centred and whānau-centred services.</p>		<p>and management team have a current first aid certificate and there is 24/7 RN coverage in the hospital.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents. The owner director is supported by an operations manager who is currently being orientated, a facility manager and a clinical nurse manager.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies were assessed and supported equitable service delivery and the ability to maximise the participation of people using the service and their whānau. High-quality Māori health information was accessed and used to support training and development programmes, policy development, and care delivery.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment and current practising certificates were sighted.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed. Staff interviewed confirmed that they have had the opportunity to be involved in debrief discussions and have received support following incidents to ensure wellbeing.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially and used in line with the Health Information</p>

		<p>Standards Organisation (HISO) requirements.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora. There is currently one staff member with a Level 4 qualification, 14 staff with Level 3, five staff with Level 2 and eight staff with a Level 1 Careerforce certificate. All staff working in the dementia care area, including all registered nurses, have either completed or are enrolled in the required education. The owner/director and management team have also completed dementia care training.</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>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. Information is accessible for all those who need it. Norfolk Court is still transitioning from paper-based documents to electronic. This includes documents related to quality and residents' notes. The provider is not responsible for the registration of National Index registration for residents.</p> <p>Files were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</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</p>	FA	<p>Residents are admitted to Norfolk Court based on documented entry criteria available to the community and understood by staff. The entry process meets the needs of residents. Residents admitted into the secure unit have either an activated Enduring Power of Attorney (EPOA) or application for a Protection of Personal Property (PPPR) in place and a specialist's authorisation that care in a secure unit is required. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and</p>

<p>about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>analysed, including decline rates for Māori.</p> <p>Norfolk Court has developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service.</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>The multidisciplinary team at Norfolk Court work in partnership with the resident and whānau to support wellbeing. Ten resident files were reviewed and included a resident admitted with a pressure injury, residents with diabetes, residents with a wound, residents with behaviours that challenge, residents who share a room, residents who identify as Māori, residents who self-administer medication and residents receiving care under a long-term chronic health contract. The review identified that a care plan, based on the provider's model of care, was developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded.</p> <p>Assessment was based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, medical practitioner assessment, initial care plan, long-term care plan and review timeframes met contractual/policy requirements. Staff understood and supported Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, and from interviews with clinical staff, people receiving services and whānau.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Referrals for specialists' input was made when required. Residents and whānau confirmed active involvement in the process.</p>

		<p>Tāngata whaikaha participate in service development through community involvement, ongoing discussion, residents' meetings and the facility's openness and willingness to provide residents with what they need. Examples of choices and control over service delivery were discussed with staff/tāngata whaikaha/whānau. Tāngata whaikaha/whānau can independently access information.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme at Norfolk Court supports residents to maintain and develop their interests and was suitable for their age and stage of life. The activities programme is run by two activities coordinators (AC), with support and oversight from a trainee occupational therapist who was awaiting certification. The programme operates seven days a week; however, at the time of audit, the AC covering the weekend was off duty. If there is a community event on at the weekend that residents want to attend, this is arranged.</p> <p>The programme is run in a large lounge and includes all residents who want to attend, including some from the secure unit. The programme was diverse and included community groups coming in and visits to local events. Van outings are held as often as possible, 2-3 times per week. A number of residents prefer to do their own activities and this is supported. Two residents play chess with each other, while others prefer music in their room, or to read. The AC's goal was to enable residents to achieve their goals.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life, and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori were facilitated. Community initiatives met the needs of Māori.</p> <p>Feedback on the programme was provided through resident feedback during activities, observations regarding residents' enthusiasm/interest and resident meetings (held monthly). Those interviewed confirmed they found the programme met their needs.</p>

<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care/current best practice. A safe system for medicine management (using an electronic system) was observed on the day of audit. An initiative implemented in May 2024 to improve resident safety by addressing a number of medication errors, is one that is recognised as an area of improvement. All staff who administer medicines were competent to perform the function they managed.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met requirements. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders were not used at Norfolk Court.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications. Where there were difficulties accessing medications, this was identified, and support provided.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service at Norfolk Court was in line with recognised nutritional guidelines for people using the services. The menu was reviewed by a qualified dietitian in February 2025. Recommendations made at that time have been implemented.</p> <p>A verification audit of the food control plan was undertaken on 18 September 2024. One area requiring corrective action was identified, and this has been addressed. The plan was verified for 18</p>

		<p>months and is due for re-audit in March 2026.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori. Residents residing in the secure unit have access to food and fluid at any time night or day.</p> <p>Evidence of resident satisfaction with meals was verified by resident and whānau interviews, satisfaction surveys and resident meeting minutes. The eating experience at Norfolk Court was enhanced with tablecloths on the table, nice crockery, relaxing music and care staff who were not rushing when giving out the meals. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from Norfolk Court was planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs were identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. The whānau of a recently transferred resident reported being kept well informed during the transfer of their relative. The transfer of a resident on the day of audit was observed to be a timely, planned and seamless transition.</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>	FA	<p>Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The building warrant of fitness expires on 9 June 2025. Tag and testing of equipment was last completed in April 2024.</p> <p>Personalised equipment was available for residents with disabilities</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>to meet their needs and this was also evident in residents being able to customise their own rooms. Residents and whānau were very happy with the environment, including heating and ventilation, natural light, privacy and maintenance. The majority of the bedrooms open to the outside spaces via a sliding door. There are adequate numbers of accessible bathroom and toilet facilities throughout the home.</p> <p>Staff and residents interviewed stated that they were very proud of their home, highlighting that in all areas of the home there were 'chandeliers, beautiful and meaningful artwork and accessories, and different places to sit internally and externally (either on their own or as a group) other than their bedrooms. The home is painted in a pale and calming green and accompanied by comfortable furniture and accessories. Televisions in the main foyer and lounges show different places throughout the world while relaxing music is played in the background and can be heard throughout the home. It was observed by staff that the five large fish tanks in all three areas of the home (but in particular the dementia unit) provided a calming effect on the residents. There are also several different gardens that residents can access.</p> <p>Other than the secure door to the dementia unit, there is no noticeable difference in the layout or decoration of the environment. The residents have access to a large, secure, safe outdoor area and gardens that encourage purposeful walking. Children from the community have contributed by painting a mural all along the back wall. All areas of the home are inclusive of people's cultures and supported cultural practices. The owner director interviewed confirmed that when refurbishing they consultation to ensure that they reflect the aspirations and identity of Māori.</p> <p>Residents and whānau interviewed were very happy with the environment, including heating and ventilation, natural light, privacy and maintenance.</p>
<p>Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be</p>

<p>will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>followed, and included the special needs of people with dementia and disability in an emergency. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations, including specifically how to start the generator and the extra emergency lighting if required. Staff interviewed knew what to do in an emergency. The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 29 April 2021. Fire training is provided for staff every six months and was last completed in February 2025. Adequate supplies for use in the event of a civil defence emergency met The National Emergency Management Agency recommendations for the region. Staff were able to provide a level of first aid relevant to the risks for the type of service provided.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements were in place. Staff in the dementia unit wear emergency pendants and also have access to an emergency bell (separate to the call bells in the residents' rooms and communal areas) on the main wall if required. Residents and whānau were familiarised with emergency and security arrangements, as and when required. There are security cameras throughout the communal living areas of the home. Signage was observed at the front entrance. Staff wear name badges.</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>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the director/owner and link to the quality improvement system, and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and significant events to the director/owner and management team, who also attend all staff meetings.</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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC) at Norfolk Court is responsible for overseeing and implementing the IP programme with reporting lines to the facility manager and the owner/director. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice, and/or the advice of the committee, has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies. The IP programme is reviewed yearly.</p> <p>The infection prevention and control policies were provided by an external advisor and reflected the requirements of the standard. Policies are based on current accepted good practice. Cultural advice was accessed where appropriate.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau were educated about infection prevention in a manner that met their needs. Educational resources were available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available, and staff had been trained accordingly.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process was audited to maintain good practice. Single-use medical devices were used following a risk assessment process.</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. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p>	<p>FA</p>	<p>Responsible use of antimicrobials at Norfolk Court was promoted. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme was evaluated by monitoring antimicrobial use and identifying areas for improvement.</p>

<p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		
<p>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>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data, including ethnicity data, was collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme were shared with staff and the owner.</p> <p>Communication between service providers, and those residents experiencing a health care-associated infection (HAI), was culturally safe.</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 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>FA</p>	<p>A clean and hygienic environment supported prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes were monitored for effectiveness. Infection prevention personnel had oversight of the environmental testing and monitoring programme. Staff involved had completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that the laundry was managed well, and the facility kept clean and tidy. The facility was observed to be spotless, as was the laundry and the kitchen. Carpet areas were spot cleaned, and machine cleaned after any spills. Despite the facility being carpeted, there was no discernible odour.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. The director/owner and management team demonstrated</p>

<p>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>commitment to this. At the time of audit, there was no restraint in use due to recent interventions and trials to remove restraint by two residents, which were effective. The home intends to remain restraint-free moving forward and this information will be highlighted in conversations with potential new admissions and the home's information/welcome pack.</p> <p>Policies and procedures meet the requirements of the standards. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Prior to the two residents no longer requiring restraint, all use of restraint was reported to the owner/director and discussed at staff meetings, which the owner/director attended.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	CI	<p>A review of medication errors identified 11 medication errors between January and April 2024. There was no single staff member involved. An analysis of the errors by all staff involved in medication management at Norfolk Court, identified the medication room at Norfolk Court was small, congested, difficult to keep clean and badly lit. A complete renovation of the medication room was undertaken, and a new system implemented. The room is now larger, with increased airflow and better lighting. The robotic packs are stored on the walls in the medication room, with the resident's name clearly visible. Only the packs required for the specific medication round are put on the medication trolley. Liquids in use are stored in one drawer of the trolley, and eyedrops, inhalers etc on another. Trolleys are less cluttered. The non-packed residents' medication is stored in a pull-out pantry with wire baskets. Each resident has an allocated basket. The renovation has allowed medications to be stored in an organised manner. Clear labelling has reduced the risk of confusion, mishandling and cross infection. The improved lighting assists in reading the medication packs. Expiry dates can be seen easily and medications no longer needed are easily located and returned to the pharmacy. The</p>	<p>Changes to the medication room has ensured an improved medication management system that has resulted in no medication errors since May 2024.</p>

		medication room temperature was monitored. Renovation and upgrade of the medication room at Norfolk Court has resulted in no medication errors since May 2024.	
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End of the report.