The Greenwoods House Limited - Epsom South Retirement Home

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

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

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

The specifics of this audit included:

Legal entity:	The Greenwoods House Limited
Premises audited:	Epsom South Retirement Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 20 February 2025 End date: 21 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: 22

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Epsom South Retirement Home (referred to as Epsom South) is privately owned and operated. The service provides rest home level of care for up to 24 residents. On the day of the audit there were 22 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the service's contract with Health New Zealand Te Whatu Ora. The audit process included a review of policies and procedures; the review of residents and staff files; observations; and interviews with both directors (including the CEO who is a RN), residents, staff, management, and the general practitioner.

There are two business and care managers, one of whom are appointed to oversee the facility with a registered nurse on site 20 to 25 hours a week. One of the directors is also a registered nurse, with extensive experience in aged care and they are able to provide support when required. Residents were very happy with the service provided.

There are shortfalls identified around infection prevention and control and medication management.

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.

Epsom South provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is also in place.

Services and support are provided to people in a way that is inclusive and respects their identity and their experiences. Residents receive services in a manner that considers their dignity, privacy, and independence. The management and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents.

The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service.

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 business plan includes specific and measurable goals that are regularly reviewed. The service has implemented quality and risk management systems that include quality improvement initiatives. Internal audits and the collation of clinical indicator data were documented as taking place with corrective actions as indicated. Hazards are identified with appropriate interventions implemented.

A recruitment and orientation procedure are established. Healthcare assistants are buddied with more experienced staff during their orientation. There is a staffing and rostering policy. A staff education/training programme is being implemented. Careerforce training is encouraged for all healthcare assistants.

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

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.		Some subsections applicable to this service partially attained and of low risk.

Epsom South Rest Home has an admission package available prior to, or on entry to the service. The business and care home and assistant business and care managers and clinical lead efficiently manage the entry process to the service. Admissions are managed by the clinical lead (registered nurse) and the general practitioner. The clinical lead assesses, plans and reviews residents' needs, outcomes, and goals. The care plans demonstrated individualised care.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service.

Medication policies reflect legislative requirements and guidelines. The registered nurse and medication competent healthcare assistants are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

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

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

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

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

The building holds a current building warrant of fitness certificate. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. All bedrooms are single. Rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate.

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

Infection prevention and control management systems are documented to minimise the risk of infection to consumers, service providers and visitors. The infection prevention and control programme is facilitated by the infection control coordinator (clinical lead). Documentation evidence relevant infection prevention control education is provided to staff as part of their orientation and the ongoing in-service education programme. An antimicrobial programme is documented.

The type of surveillance documented to be undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. There have been two Covid-19 outbreaks since the last audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place and incidents are reported in a timely manner. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

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.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is the clinical lead. The facility is restraint free. Use of restraints would only be considered as a last resort only after all other options are explored. Education is provided to staff around restraint minimisation/de-escalation. Restraints are discussed at registered nurse meetings.

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	24	0	2	1	0	0
Criteria	0	165	0	2	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

For more information on the different types of audits and what they cover please click here.

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	The Māori health plan acknowledges Te Tiriti O Waitangi as a founding document for New Zealand. Epsom South is committed to providing services in a culturally appropriate manner and ensure that the integrity of each person's culture is acknowledged, respected, and maintained. Key relationships with Māori are in place through consultation with existing Māori staff at this and another facility owned by the same directors, family/whānau, and links in the community. The service had residents who identified as Māori at the time of the audit. Those who identified as Māori stated that the service upheld their beliefs and values, and they stated that the staff recognised Māori, and supported them in their aspirations, recognising mana motuhake. Links with the Panamasian Collective which is a Māori community group based in Mt. Wellington and Te Puna Hauora, Northcote include input into planning and policy development and for advice and support for Māori. Cultural training for staff begins during their orientation, continues as a regular in-service topic, and includes a cultural competency assessment. Training covers discussions in relation to the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents.

		At the time of the audit, there were Māori staff members who confirmed the service supports increasing Māori capacity by employing more Māori applicants as and when they apply. The directors interviewed confirmed that they are committed to having Māori staff employed in the service. Staff have access to relevant tikanga guidelines. Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs, as evidenced in interviews with seven residents. The management team is made up of the chief executive officer (one of the directors who is a registered nurse), the business and care manager, and assistant business and care manager. Both directors including the chief executive officer (CEO) were interviewed. The managers and staff interviewed (the clinical lead (RN), two healthcare assistants (HCAs), cook and a cleaner) confirmed they have attended cultural training and report they acknowledge resident's cultural preferences.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of the Pacific culture. The Pacific health plan has been written with Pasifika input. There were residents that identified as Pasifika. Family members of Pacific residents are encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs are documented in the care plans and activities plan for all residents. The service is actively recruiting new staff. The management team described how they encourage and support any applicant that identifies as Pasifika, during the interview process. There were no staff that identified as Pasifika at the time of the audit. The CEO and business care manager (BCM) have quarterly meetings with the leaders of Panamasian Collective, which includes representatives of

		the Pacific community. The collective provides advice and support with input into planning when requested. Staff have completed training around cultural safety that included meeting needs of Pacific people. Staff interviewed were able to describe Pacific culture and stated that they would ask residents what their needs were.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The business and care manager or assistant business and care manager discuss aspects of the Code with residents and their family/whānau on admission. Residents, or their enduring power of attorney (EPOA) or family/whānau sign to acknowledge that they have been provided with written information explaining the Code and its application to an aged care environment. Discussions relating to the Code are held during the bimonthly resident meetings. The residents interviewed reported that the service is upholding residents' rights as per the Code. Interactions observed between staff and residents during the audit were respectful. There are links to spiritual supports. Information about the Nationwide Health and Disability Advocacy Service is available to residents at the entrance and in the entry pack of information that is provided. Staff receive education in relation to the Code, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews and in policy.
Subsection 1.4: I am treated with respect	FA	Staff interviewed described how they support residents in making their

The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.		own choices. Residents interviewed confirmed this to be the case, and that they have control and choice over activities they participate in. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care, noting that there are few family/whānau involved in the service. It was observed that residents are treated with dignity and respect. Resident satisfaction survey results confirm that residents are treated with respect. This was also confirmed during interviews with residents. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Resident files reviewed identified residents' preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified and accommodated, as documented in the resident files reviewed. Te reo Māori signage was evident in a range of locations. Te Tiriti o Waitangi and tikanga Māori training is in place. The Māori health plan acknowledges te ao Māori. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to. Staff respond to tāngata whaikaha needs and enable their participation in te ao Māori, as evidenced through the Māori health plan and interviews with staff and residents.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	An abuse and neglect policy is understood by staff and is being implemented. Staff interviewed were able to describe signs and symptoms of abuse or neglect and could describe how to escalate any concerns, as per policy. The GP interviewed stated that there was no evidence of abuse or neglect. There are effective safeguards to protect residents from abuse and victimisation, with the CEO stating that there is zero tolerance to abuse or neglect. Epsom South policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation.

		Cultural days are held to acknowledge cultural diversity. Staff are educated on how to value the older person, showing them respect and dignity. All residents interviewed confirmed that the staff are very caring, supportive, and respectful. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with the management team, clinical lead and staff confirmed their understanding of professional boundaries, including the boundaries of their job role and responsibilities. Professional boundaries are covered as part of orientation. Staff interviews confirm that they would be comfortable addressing racism with management if they felt that this was an issue. A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for Māori residents.
Subsection 1.6: Effective communication occurs The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	Information regarding the service is provided to residents on admission. Quarterly resident meetings identify feedback from residents and consequent follow up by the service. Residents interviewed stated that the meetings were a useful way of raising concerns or issues. Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau/next of kin of any accident/incident that occurs. There were very few family/whānau engaged in the service; however, when engaged, they were notified of any adverse event at the time it occurred. There was evidence of timely and appropriate communication on the accident/incident forms. An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were no residents who had limited communication abilities in English; however, the service had well documented communication strategies that are able to be implemented by staff as required. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do

		so. The residents are informed prior to entry of the scope of services and any items that are not covered by the agreement. The delivery of care includes a multidisciplinary team. Health professionals involved with the residents may include specialist services. The management team could describe an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.	FA	There are policies around informed consent which are implemented. The resident files reviewed included signed general consent forms and other consent to include vaccinations, outings, and photographs. Residents interviewed could describe what informed consent was and knew they had the right to choose. Staff were observed supporting residents to make choices around activities of daily living. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Admission agreements are signed and were sighted in all the files seen. Copies of enduring power of attorneys (EPOAs) and activation letters were on resident files where required. The service has Māori tikanga guidelines available for staff to ensure they can provide appropriate information for residents, family/whānau and in care planning as required. Examples of te reo Māori are evident around the building for residents.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.	FA	The service has policies and procedures relating to timely follow-up letters, investigation and resolution, enabling complaints to be managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). The complaints procedure is provided to residents and family/whānau on entry to the service and is available in te reo Māori. The business and care manager maintains a record of all complaints, both verbal and written, by using a complaint register. There have been no complaints since the previous audit; however, the business and care manager was able to describe how these would be investigated and

		any opportunities for service improvement put in place. There have been no external complaints. Discussions with residents confirmed they are provided with information on complaints, with complaints forms, and advocacy brochures being available at the entrance to the facility. Residents have a variety of avenues they can choose from to lodge a complaint or express a concern (eg, verbally, in writing, through an advocate). Resident meetings are held quarterly and are another avenue to provide residents with the opportunity to voice their concerns. The management and staff encourage residents to discuss any concerns. It is an equitable process for all cultures. Residents making a complaint are supported to involve an independent support person in the complaints process if they choose. The management team acknowledged the importance of face-to-face communication with Māori and maintain an open-door policy.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.	FA	Epsom South Retirement Home (referred to as Epsom South) is privately owned and operated. The service provides rest home level of care for up to 24 residents. On the day of the audit there were 22 residents. Five residents were funded under the LTS-CHC contract, four residents on a younger person with disability (YPD) contract funded by the Taikura Trust, one resident was under ACC, and the remaining residents were under the Age Residential Related Care (ARRC) contract. The Governance Body has two directors including the chief executive officer (CEO). The management team includes the clinical and quality manager (CQM), the two business and care managers (BCM), one assistant business and care manager (ABCM), and two clinical leads. At Epsom South, the BCM and the ABCM work autonomously in running the day-to-day operation of their facilities. The clinical lead provides clinical support to the BCM, together with the CEO and CQM, and is available at any time to provide support, advice and oversight. The BCM is at Epsom South for 20 hours a week with the ABCM and clinical lead on site full time. Details supplied by the two directors (including the CEO) confirm the directors and management team have

		completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. The chief executive officer (CEO) is responsible for the overall leadership of the management team. The chief executive officer delegates responsibility for the operations to the senior management team. The weekly and monthly reporting structure informs the CEO and Board of operations across the service. The mission statement, philosophy, scope and values of the service are documented with review annually. The business plan includes strategic and business goals, with key performance indicators (KPIs) reviewed quarterly. The 2025 business plan includes goals include (but are not limited to) improvement in occupancy; to continue to provide comfortable facilities for the residents who are treated with utmost respect, care, love, and support; staff wellbeing and promoting a diverse, culturally sensitive, institutional racism-free service. The business plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The previous business plan was reviewed prior to the implementation of the 2025 plan. Goals are regularly reviewed, evidenced in monthly reporting. Clinical governance is overseen by the CEO (RN) and the CQM, with quarterly quality and compliance and risk reports that highlight operational and financial key performance indicators (KPI's). Risks are escalated in real time to the directors by the BCM, with both directors stating that they talk daily with each other and discuss risk in the context of the business for Epsom South. Outcomes and corrective actions are discussed at the monthly management meetings. High risk areas are discussed alongside corrective measures taken. These measures are then reviewed and adapted until a positive outcome is achieved, or the goal is achieved. The BCM confirmed that they escalate risks in real time to the CEO. A Māori health strategy is actioned at the governance and management level. The business plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The previous business plan was reviewed prior to the 2025 plan. Goals are regularly reviewed, evidenced in monthly reporting.

		There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori, as documented in the business plan. The governance body has partnerships with Panamasian Collective, which is a Māori community group based in Mt. Wellington and Te Puna Hauora, Northcote. Both organisations have assisted the management team in developing the Māori and Pasifika health plan, the cultural awareness policy and other key documents. The CEO and the BCM at Epsom South attend a quarterly meeting with the collective leaders. The working practices at Epsom South are holistic in nature, and inclusive of cultural identity and spirituality. The organisation respects the connection to family/whānau and the wider community to improved health outcomes for Māori and tāngata whaikaha. Opportunities for whānau are provided through general feedback to participate in the planning and implementation of service delivery. The BCM maintains contact with family/whānau at regular intervals and managers encourage any family/whānau to visit and contact the resident. The CEO, BCM, ABCM and clinical lead have completed other professional development activities in excess of eight hours annually, related to managing an aged care facility and clinical care. The BCM has been in the service for over three years and the ABCM for over two years.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.	FA	Epsom South has an implemented quality and risk management system. The CQM assists the CEO, BCM's and RNs to ensure consistency of documentation with a focus on the quality programme, including completion of quality internal audits, completing a gap analysis when required, and reporting any urgent matters to the CEO alongside the BCM. Annual quality improvement goals are described in the quality plan and include actions to achieve these goals. Interviews with management and staff confirmed both their understanding and involvement in quality and risk management practices. Quality and risk performance is reported in the monthly, and quarterly reports provided to the CEO. There are meetings held as per schedule, including weekly 'stop and watchs', which are a huddle with

		a focus on acute issues (informal – not minuted); clinical meetings two-weekly (minuted) with the CEO, managers and clinical lead attending; and six-weekly staff/quality meetings. Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a range of adverse event data and is collated and analysed. An internal audit programme is being implemented. Corrective actions are implemented where improvements are identified. Discussions at meetings include all aspects of the day to day business including clinical issues, staffing, occupancy, infection control, maintenance, complaints, and restraint. The quarterly reports to the CEO include progress against KPIs and quality and risk information. Data collected and analysed includes ethnicity data and there is a focus in the quality and risk management programme on ensuring that staff deliver high quality health care for Māori. The meeting minutes and discussions with managers and staff demonstrated that discussions were focused on critical analysis of information, with improvements made as a result of critique. Policies and procedures align with current good practice, and they are suitable to support rest home level of care. Policies are reviewed a minimum of two-yearly, modified (where appropriate) and implemented. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa standards are processes that provide a critical analysis of practice to improve health equity. Resident meetings are held quarterly, with residents interviewed stating that these are useful forums to raise issues. Residents and family/whānau have provided feedback via annual satisfaction surveys. The 2024 resident/family/whānau survey indicates that residents have high levels of satisfaction with the services received. No corrective actions were required. There was noted to be a positive response rate from the 2023 survey (an increase from 59% to 76% return rate), with satisfaction from 77% to 84% reporting very satisfied. Survey results were discussed in the resident and staff meetings. Health and safety policies are implemented and monitored. Directors and staff are kept informed, as evidenced in management and staff

		meeting minutes. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made, as evidenced in the accident/incident reports reviewed. The management team are aware of situations that require essential notifications. Section 31 reports have not been required to be submitted to HealthCERT since the previous audit. The service is using the Severity Assessment Code (SAC) rating and triage tool for adverse event reporting. There have been outbreaks of Covid-19; however, these were not always evidenced as being reported as required (link 5.4.4).
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	There is a staffing policy that describes rostering requirements, and the service provides 24/7 registered nurse staffing on site. The CEO, BCM, ABCM and clinical lead are on call, with escalation of calls as required. This includes out of hours on-call cover. Interviews with HCAs, the clinical lead and the management team confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident meetings. There is an annual education and training schedule documented and being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff have completed training around the needs of younger people, with this added into each topic as part of mandatory training days, that each staff member must attend at least annually. Medication competencies are completed by staff. Competencies include manual handling, hoist training, chemical safety, emergency management personal protective equipment (PPE) training and infection control, and restraint. A record of completion is maintained in each staff members files. The HCAs are encouraged to obtain a New Zealand Qualification Authority (NZQA) qualification (Careerforce). Three HCAs have achieved a level four NZQA Certificate in Health and Wellbeing, three with level three, and one with level two certificate. Training for the clinical lead has been provided by the CEO and online

		training. The clinical lead has an interRAI assessment competency and there is support for completion of interRAI completion from the clinical lead at another sister facility. Feedback on surveys and quality data at meetings ensures staff participate in learning opportunities that provide them with the most recent literature on health outcomes and disparities, health equity, and quality, and enable them to use this evidence and learn with their peers. Training is provided for staff around cultural safety, and this includes information around Māori health information, and health equity for the residents who use the service. Staff wellness is encouraged through participation in health and wellbeing activities, including cultural days and shared meals at meetings.
Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	FA	There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed evidenced the implementation of the recruitment process, and employment contracts. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for health professionals. Staff have a performance appraisal completed annually, as confirmed through review of staff files. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Completed orientation programmes were sighted for all staff files reviewed. The service demonstrates that the orientation programmes sighted for HCAs supports them to provide a culturally safe environment for Māori. A newly appointed staff member interviewed stated that they had received an orientation that included being buddied until they were confident in understanding routines and resident needs, and they had read policies and procedures. The staff interviewed reported that the managers were approachable and had supported their orientation

		programme. Evidence of debriefing and follow-up actions taken are documented following any incident/accident. Information held about staff is kept secure, and confidential. An employee ethnicity database is maintained.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.	FA	Resident files and the information associated with residents and staff are kept securely electronically, and in hard copy. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived paper documents are securely stored in a locked room and electronic records are held securely in the cloud. Both are easily retrievable when required. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.
Subsection 3.1: Entry and declining entry The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.	FA	There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. These are also now available online. Review of residents' files confirmed that entry to service complied with entry criteria. Five admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The business and care manager and clinical lead are available to answer any questions regarding the admission

		process and a waiting list is managed. The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. Epsom South is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes and liaison with Te Puna Hauora.
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	FA	Five files were reviewed for this audit, including one resident on a YPD contract and two residents on a LTS-CHC contract. The clinical lead (RN) is responsible for conducting all assessments and for the development of care plans. Residents interviewed reported they are involved in the assessment, care planning and review process, as evidenced in the files reviewed. A Māori health plan and cultural awareness policy is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. There is also a Pasifika health care plan in place. All residents have admission assessment information collected, and an initial care plan completed at time of admission. All reviewed files (including the residents on contracts) had interRAI assessments completed. All files reviewed confirmed that the initial interRAI assessments and initial long-term care plans were completed in a timely manner. The long-term care plan includes interventions to guide care delivery, which are reflective of assessed needs. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed at least six-monthly or when residents' needs changed. Short-term care plans for infections, weight loss, behaviour that challenges and wounds were well utilised, with interventions transferred to the long-term care plans in a timely

		manner. An independent general practitioner (GP) ensures residents are assessed within five working days of admission. The GP reviews each resident at least three-monthly. The GP provides on-call service for after hours and visits the facility fortnightly. The clinical lead is available 24/7 for clinical advice and decision making as required. When interviewed, the GP expressed satisfaction with the standard of care and the RN's competence. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service refers to a community physiotherapist as required. A dietitian is contacted as required. A podiatrist is also contacted as required. A referral to a speech language therapist, occupational health therapist, continence advisor, hospice specialist, and wound care specialist nurse are made as required. Healthcare assistants and the RN interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery. This was observed on the day of audit and found to be comprehensive in nature. Progress notes are electronic and are written daily by the healthcare assistants. The registered nurse further adds to the progress notes if there are any incidents, GP visits or changes in health status. Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the staff alert the clinical lead, who then initiate a review with the GP. Family/whānau are notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes. A wound register is maintained. There are currently no wounds or pressure injuries. The healthcare assistants and the RN interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and the RN complete monitoring charts, including bowel chart; blood pressure; weight; food

		and fluid chart; pain; behaviour; blood glucose levels; repositioning; and restraint monitoring. All monitoring reviewed was implemented as scheduled. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy. There are currently two residents receiving one on one care funded by the Taikura Trust.
Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.	FA	The facility's activities coordinator resigned recently and the new coordinator has been appointed, and is proceeding through the employment process. Currently the role is being performed by the assistant business and care manager, assisted by the healthcare assistants. The programme is planned monthly and weekly. The weekly calendar is placed in large print in the lounge. Copies of the programme are placed in resident rooms. The activity programme facilitates opportunities to participate in te reo Māori, incorporating Māori language in entertainment and singing, craft, participation in Waitangi weekend, Māori language week and Matariki. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities, have one-on-one visits. In the lounge, residents and families/whānau can watch television and access newspapers, games, puzzles and books. A resident's social and cultural profile in the resident's file includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include (but are not limited to) exercises; newspaper reading, music, crafts; baking, games; quizzes and bingo. There are regular van drives for outings, entertainers three times a year, and church services. The Māori volunteer who comes in three-monthly with hangi food, also plays the guitar. There are two residents who have a cat

		and one who has a dog. Pet therapy dogs also visit. There are a number of younger residents (YPD and LTS-CHC). They enjoy shopping, going for coffee and van outings. The facility provides SKY and Netflix and modern music. Two residents have one-on-one care provided by the Taikura Trust and their carers also take them out. There are resident meetings held regularly. Residents and family/whānau can also provide feedback on activities at the six-monthly reviews and in satisfaction surveys. Residents interviewed stated the activity programme is meaningful and engaging.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	PA Low	A medication management policy is available for safe medicine management and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. The clinical lead has completed syringe driver training. Staff were observed to be safely administering medications. The clinical lead and healthcare assistants interviewed could describe their role regarding medication administration. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Medications were stored securely in the medication room. Medication trolleys were always locked when not in use. The medication fridge and medication room temperatures are monitored daily. All medications, including stock medications, are checked monthly. Eyedrops sighted in the medication trolley had not always been dated on opening. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the GP and charted on the electronic medication chart. Ten electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. There were no residents self-medicating on the days of audit; however, there is a policy and procedure documented on this. Staff administering medications were knowledgeable of their role in relation to residents who wish to

		administer their medications. Pro re nata (PRN) medications are administered as prescribed and effectiveness is documented on the electronic medication system or in the progress notes. Medication competent healthcare assistants or registered nurses sign when the medication has been administered. The facility does not use standing orders. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The business and care manager and clinical lead described the process to work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	All meals are prepared and cooked on site. There are two cooks; one who works Monday to Friday and one who works the weekend. The healthcare assistants also help as kitchen assistants. HCAs assist in the kitchen on a rostered basis. Before going into the kitchen, the HCAs wash their hands and cover their uniforms with a cloth apron. HCAs and all kitchen staff have internal food handling education. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced. The four-weekly seasonal menu has been reviewed by a dietitian. The dietitian is contacted about any dietary issues such as weight loss. There is a food services manual available in the kitchen. The cook receives resident dietary information from the clinical lead and is notified of any changes to dietary requirements or residents with weight loss. The cook (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Māori or Pasifika menu options are available upon request and family/whānau can bring special meals for their relatives. A Māori volunteer comes in three-monthly with hangi food. On the day of audit, meals were observed to

		be well presented. Healthcare assistants interviewed understand tikanga guidelines in terms of everyday practice. The cook completes a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained. The dining area is spacious and there is a pleasant ambience at mealtimes. Meals are transported to dining rooms using trays and plates with covered lids. Residents were observed enjoying their meals. Modified utensils are available for residents to maintain independence with eating as required. The residents interviewed were satisfied regarding the food service, and the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service 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.	FA	Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner. Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The clinical lead explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-	FA	The building holds a current warrant of fitness which expires 5 May 2025. There is an experienced maintenance person on call, to address day to day repairs and complete planned maintenance. There is an external contractor who manages the gardens. Staff document maintenance issues on a maintenance form which goes to the

centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.		business and care manager to action and sign off when completed. There is an annual preventative maintenance plan that includes electrical testing and tagging (completed January 2005). Monthly testing of hot water temperatures occurs and if temperature recordings are out of expected range, a plumber is notified. Essential contractors/ tradespeople are available 24 hours a day as required. Calibration of medical equipment was completed February 2025. Most of the rest home has vinyl surfaces, and there are areas with wooden floors. There is adequate space for storage of mobility equipment. Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the facility and are able to personalise their room. All rooms are single, and all have hand basins. All showers and toilets are communal and have privacy locks. Residents were observed moving freely around the areas with mobility aids where required. The healthcare assistants interviewed stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans. There are handrails in hallways, showers, and toilets. The hallways are sufficiently wide. The lounge is large, allowing ample room for residents to mobilise and use equipment safely. The large well-appointed dining room is beside the lounge. There are small covered-in deck areas for residents to have quieter times or entertain visitors. Activities take place in the large communal lounge. There are bedrooms that open up and have access to a deck. There are outdoor areas with outdoor seating, shaded areas and raised vegetable gardens. There are sufficient communal toilets situated in close proximity to communal areas. The building is appropriately heated and ventilated. There are wall heaters throughout the facility. There is ample natural light in the rooms. The business and care manager and assistant business and care manager described how they would utilise their links with the kaumātua and local iwi to ensure the designs and environments reflect the aspirations and identity of Māori in any new construction.

Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	FA	Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand. Fire evacuation drills are held six-monthly and one was last completed January 2025. Civil defence supplies are stored in an identified cupboard and are checked six-monthly. It is the responsibility of the contracted electrician to obtain a generator in the event of a power outage. There is emergency lighting. There are gas barbeques to cook on. There is an adequate food supply available for each resident for minimum of three days. There is sufficient emergency water stored for all residents. Emergency management is included in staff orientation and is included in the ongoing education plan. The clinical lead and HCAs hold current first aid certificates, ensuring there is a first aid trained staff member on duty 24/7. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells are tested as per maintenance schedule. Staff were observed to be responsive to call bells on the days of the audit. Residents interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night and there is security lighting.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.	FA	The infection prevention control and antimicrobial stewardship (AMS) programme is appropriate for Epsom South. Infection prevention and control is included in the business and quality plans. The infection control coordinator can access advice from the Health New Zealand infection prevention and control specialist, and the GP. The directors are informed of any infections through the manager's report and are informed of any outbreaks immediately.

Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The clinical lead (registered nurse) oversees infection control and prevention across the service. The infection control coordinator job description outlines the responsibility of the role of infection prevention and control. Infection prevention and control is linked into the quality risk and incident reporting system. The infection prevention and control and antimicrobial stewardship (AMS) programme is reviewed annually, with the 2024 review sighted. Infection prevention and control matters are discussed as part of the staff meetings. The infection prevention control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, and the training and education of staff. Policies and procedures are reviewed by an external consultant, the CEO and the management team and are available to staff. The infection control coordinator has undertaken online education in infection prevention and control and has peer support from the CEO. The infection prevention and control policy states that Epsom South is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around outbreak management. All staff completed infection prevention and control in-services and associated competencies, such as handwashing and the use of personal protective equipment. There are outbreak kits readily available and personal protective equipment in the storeroom. A robust pandemic plan is in place. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use with antiviral wipes and sprays. Reusable eye protection, blood pressure equipment, and hoists are appropriately disinfected between resident use. Single use items (eg, wound packs) are used for their intended purpose, then discarded appropriately. The infection control coordinator completes the internal audit to oversee infection prevention and control. Any corrective actions identified have been implemented and signed off as resolved. The infection control coordinator, in collaboration with the CEO, BCM and ABCM manager, are responsible for the purchasing of supplies and equipment and has access to the clinical nurse specialist from Health New Zealand for advice if required.

		The service provides te reo Māori information around infection control for Māori residents. The staff are trained in providing culturally safe practices, acknowledging the spirit of Te Tiriti. Staff interviewed were knowledgeable around practicing in a culturally safe manner and could provide examples in relation to their roles.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation 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. 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.	PA Low	There is an antimicrobial use policy and procedure, and the infection control coordinator is expected to monitor compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, laboratory results and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the residents and has been ratified by the CEO (director). The GP and infection control coordinator are also expected to work collaboratively to monitor antibiotic use; however, there was no evidence of antimicrobial monitoring. Prophylactic use of antibiotics is not considered appropriate and is avoided where possible.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	PA Moderate	The infection prevention and control policy describe surveillance as an integral part of the infection prevention control programme. Standardised surveillance definitions are used. Monthly infection data is collected for all infections based on signs, symptoms, and the definition of the infection. Infections are entered into the infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The service incorporates ethnicity data into surveillance methods and data captured around infections. However, the data was noted to be inconsistently and inaccurately documented between the monthly and annual reports. This included data around the two outbreaks and there was no analysis of fungal infections, despite there being 14 through 2024. Infection control surveillance results are discussed at staff /quality, RN and management meetings. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Epsom South receives regular notifications and alerts from Health

		New Zealand for any community concerns. There have been two outbreaks reported since the previous audit. These were described by the infection control coordinator as being well managed with interventions put in place as per policy; however, there were inconsistencies in data reported in the June and December 2024 monthly reports (following the outbreaks of Covid-19) against the annual report. There was also a lack of review of the management of the Covid-19 outbreaks that should have included reference to reporting to Public Health and other stakeholders. Hand sanitisers and gels are available for staff, residents, and visitors to the facility. Visitors to the facility are required to sign in and out. Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed, and requirements if appropriate for isolation. Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans were developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	FA	Epsom South has policies regarding chemical safety and waste disposal. The chemicals were clearly labelled with manufacturer's labels and stored in a locked cupboard. Cleaning chemicals are diluted and mixed safely in spray bottles. There are safety datasheets and product sheets available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff when caring and working with residents. There are sluice rooms with personal protective equipment available, including face visors. Staff have completed chemical safety training. All laundry is managed on site. There are areas for storage of clean and dirty laundry and a dirty to clean flow is evident. The linen cupboards were well stocked. The cleaning trolleys were always attended and locked away when not in use on the days of audit. All chemicals on the cleaning trolleys were labelled. There is appropriate personal protective clothing readily

		available. Cleaning and laundry services are monitored through the internal auditing system. The staff interviewed demonstrated their understanding of the systems and processes.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	The facility is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with residents, families/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing. The designated restraint coordinator is the clinical lead (RN). There are currently no restraints in use. The use of restraint is reviewed monthly by the restraint coordinator and reported at the staff meetings and to the business and care manager. The restraint coordinator interviewed described the focus on a restraint minimisation/ free environment. Restraint minimisation and de-escalation is included as part of the mandatory training plan and orientation programme. Staff complete competencies at orientation and annually. Restraint education was last completed January 2025.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.	PA Low	A medication management policy is available for safe medicine management and meets legislative requirements. The clinical lead and healthcare assistants interviewed could describe their role regarding medication administration. Medications were stored securely in the medication room. Medication trolleys were always locked when not in use. The medication fridge and medication room temperatures are monitored daily. All medications, including stock medications, are checked monthly. Eyedrops are safely stored in the medication trolley or in the fridge if required and are disposed of according to manufacturer’s instructions; however, not all eye drops were dated when opened.	Eyedrops are not always being dated when opened.	Ensure all eye drops in use are dated on opening. 60 days
Criterion 5.3.3	PA Low	The infection control coordinator stated that the	i). The infection control	i). Ensure training is

Service providers, shall evaluate the effectiveness of their AMS programme by: (a) Monitoring the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects; (b) Identifying areas for improvement and evaluating the progress of AMS activities.		GP prescribes and monitors any use of antimicrobials, and they were not sure of their role in the antimicrobial programme or of the programme itself. There was no evidence that antimicrobials were monitored as part of quality and risk reporting. The CEO is able to describe the programme and the role of the infection control coordinator, and stated that they would be able to provide training for the infection control coordinator.	coordinator is unsure of their role in the antimicrobial programme. ii). There is no evidence of monitoring of antimicrobial use.	provided for the infection control coordinator around the antimicrobial programme and of their role in the programme. ii). Ensure monitoring of antimicrobial usage is collated, analysed and identifies changes to service delivery as opportunities arise. 90 days
Criterion 5.4.4 Results of surveillance and recommendations to improve performance where necessary shall be identified, documented, and reported back to the governance body and shared with relevant people in a timely manner.	PA Moderate	There is surveillance of infection data in place, with this reported at the six-weekly staff/quality and monthly RN and management meetings. There were inconsistencies in accuracy of data tabled in the monthly and annual reports. This included general surveillance data and numbers of cases in both Covid-19 outbreaks. There are monthly and annual reports to the CEO; however, there were no summaries completed for discussion around management of the two Covid-19 outbreaks. It is also not clear as to whether the Public Health or the funder were notified (although the infection control coordinator stated that they were). Opportunities for improvement were not evidenced as being identified. The infection control coordinator stated that residents and family/whānau were updated regularly through the outbreaks, with residents interviewed stating that this had occurred. It was noted that there were 14 fungal infections in 2024. These were not reported accurately in	i). There was no evidence of consistent reporting of infections. ii). There was no evidence of analysis following the outbreaks or a cluster of infections to identify opportunities for improvement.	i). Ensure that reporting of infections in surveillance data is consistently reported. ii). Ensure analysis of outbreaks and of surveillance data occurs to identify opportunities for improvement. 90 days

		meeting minutes and reports to the CEO. There was no evidence that any analysis or improvements had been made to reduce the number of infections.		

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.

No data to display

End of the report.