

Keringle Park Limited - Keringle Park Residential Care

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:	Keringle Park Limited	
Premises audited:	Keringle Park Residential Care	
Services audited:	Rest home care (excluding dementia care); Dementia care	
Dates of audit:	Start date: 26 February 2025	End date: 27 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:	31	

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
	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

Keringle Park Residential Care (Keringle Park) provides rest home and secure dementia care for up to 34 residents. The service is operated by Keringle Park Limited. The two owner/directors oversee the day-to-day management of the facility and are supported by a clinical manager and two registered nurses. Residents and families interviewed spoke very highly of the care provided.

This certification audit was conducted against the relevant Ngā Paerewa Health and disability services standard NZS 8134:2021 and funding agreements with Health New Zealand - Te Whatu Ora. Audit processes included observations, a review of organisational documents and records, including staff records and the files of residents, and interviews with residents, staff, management, and general practitioner.

This audit identified that the service meets the Ngā Paerewa Standard.

Ō tātou motika | Our rights


Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Keringle Park Residential Care provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

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

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

Hunga mahi me te hanganga | Workforce and structure

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.
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The owner/directors are supported by the clinical manager and two registered nurses. The owners/directors and the clinical manager are committed to improving pae ora outcomes and achieving equity. The needs of residents are considered. All management team members have knowledge and expertise in Te Tiriti o Waitangi, health equity and cultural safety. The business plan includes a mission statement and outlines current objectives.

There is a documented quality and risk system with a current risk plan and quality plan. Incidents are well managed, quality data is collated and analysed, and internal audits are completed. Systems are in place to monitor the services provided. Services are planned, coordinated, and appropriate to the residents' needs. Care plans for the service are documented with evidence of regular reviews.

The management and staff have the required skills and experience to provide appropriate services to residents. Human resources are managed in accordance with good employment practices. An orientation programme is in place for new staff. An education and training plan is implemented. Competencies are defined and monitored. Staff performance is reviewed. Staff records are secure, and staff ethnicity data is collected.

Residents' information is accurately recorded, securely stored and is not accessible to unauthorised people. Archived records can be retrieved as needed. Staff and resident records are maintained using integrated hard copy and electronic records.

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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Residents are assessed prior to entry as requiring rest home or dementia level of care. Accurate information is available in an information pack and on the website. Prior to entry, residents and their family/whānau are able to visit the facility and meet with staff.

On the day of admission, the registered nurse undertakes a detailed and holistic assessment to identify residents' needs and preferences. From this, an initial care plan is developed. Within three weeks, a long-term care plan is developed in collaboration with the resident and their family/whānau. Medical care is provided by a contracted general practitioner who sees residents within one week of entry and three-monthly thereafter. A multidisciplinary approach is taken in evaluating care plans, and residents and family/whānau have input into care plan evaluation. Clinical notes are fully integrated, with all members of the multidisciplinary team contributing.

Both group and individual activities are planned by an activities coordinator who identifies residents' interests and aspirations. Activities are aimed at enhancing physical strength and balance and mental and social well-being. Outings in the van are provided so residents continue to be part of the wider community.

Medication management is safe and complies with legislation. Staff are competency assessed on an annual basis. Changes in medications are discussed with residents and their family/whānau.

All meals and baking are cooked on-site by a cook and assistant who have completed food safety training. The menu is reviewed by a registered dietitian and varies according to the season. The kitchen is well organised and clean. Nutritional supplements prescribed by a dietitian or general practitioner are available. Snacks are available 24/7.

Transfer and discharge are planned processes that are communicated to residents and family/whānau.

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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The building has a current warrant of fitness. The building and grounds are well maintained. Equipment is checked and maintained. There is an approved evacuation scheme. Security checks are done to ensure the building is secure at night. There is sufficient drinking water, food, and supplies in the event of a disaster. There is prioritised access for a generator from an external provider if the main supply is down.

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 service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme appropriate to the service's size and complexity. The clinical manager oversees the programme.

A pandemic plan is in place. Sufficient infection prevention resources, including personal protective equipment, are available and readily accessible to support this plan if it is activated.

Surveillance of healthcare-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. There were Covid-19 infection outbreaks in 2024, and these were managed according to Ministry of Health guidelines.

The environment supports the prevention and mitigation of transmission of infections. Waste and hazardous substances were being well managed. Cleaning and laundry services are safe and effective.

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.

There is commitment by the owners/directors and clinical manager to maintain a restraint-free environment. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the clinical manager. The facility does not have residents currently using restraint. Use of restraints is considered as a last resort, only after all other options were explored. Education is provided to staff around management of challenging behaviour.

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	0	168	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Keringle Park is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau. Evidence is documented in the resident care plans. Links are established with local kaumātua. The service can also access kaumātua from Health New Zealand-Te Whatu Ora, the local marae, for support and guidance. Māori assessments are completed for residents who identify as Māori.</p> <p>The owner/directors confirmed that they support increasing Māori capacity by employing more Māori staff members when they apply for employment opportunities at Keringle Park. The business plan documents a commitment and responsiveness to a culturally diverse workforce. At the time of the audit, there were staff members who identified as Māori.</p> <p>Staff interviewed included (six healthcare assistants (HCAs), one registered nurse (RN), cook, activities coordinator, and Māori Cultural advisor), two owner/directors and the clinical manager (CM), described how care is based on the resident's individual values and</p>

		beliefs.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>There is a Pacific Peoples Plan documented that outlines how it responds to the cultural needs of residents and how staff are supported to ensure culturally safe practices. The aim is to uphold the principles of the Pacific people by acknowledging respectful relationships, valuing family/whānau, and providing high-quality healthcare.</p> <p>The organisation is embracing Pacific models of care through various organisations that can provide support and guidance when Pacific people are being supported. The service has access to local Pacific churches and Health New Zealand for support with people who identify as Pasifika. Access to interpreter services and cultural support is arranged where English is a second language, and if no staff members speak the resident's language.</p> <p>The Pacific Health Plan clearly sets out actions that are required to be implemented by the service to ensure Pacific worldviews, cultural and spiritual beliefs, and cultural safety are paramount and embedded in the service appropriately. There were residents and staff identifying as Pasifika at the time of the audit who confirmed their cultural beliefs and preferences are acknowledged and upheld.</p> <p>The service continues strengthening relationships and seeking guidance on its Pacific Plan, thereby increasing its involvement in a collaborative service delivery approach to ensure equitable, quality health and disability outcomes for Pacific people.</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</p>	FA	<p>Details relating to the Code of Health and Disability Services Consumer Rights (the Code) are included in the information that is provided to new residents and their family/whānau. On admission, the management and staff discuss aspects of the Code with residents and their family/whānau. The Code is displayed in multiple locations in English, and te reo Māori.</p> <p>Discussions relating to the Code are held during the monthly resident</p>

<p>requirements.</p>		<p>meetings. Families/whānau are invited to attend. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. The interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocate is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support. Staff have completed cultural training, which includes Māori rights, the Māori model of care, and health equity. The service recognises Māori mana motuhake, which is reflected in Keringle Park's business plan.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Interviews with seven rest home residents and five family/whānau (one rest home, and four dementia) confirm that individual cultural beliefs and values are respected.</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>Keringle Park Residential Care provides services and support to people in a way that is inclusive and respectful of their individual identities and experiences. Staff were observed using person-centred and respectful language with residents. There is a documented sexuality and intimacy policy, and staff received training in sexuality and intimacy as part of their scheduled in-service training.</p> <p>The residents interviewed were positive about the service in relation to their values and beliefs being considered and felt they were listened to. Privacy is ensured, and independence is encouraged. Staff enable resident participation, within their capabilities, in tasks within the service, such as helping with simple tasks. The service ensures that there is continued wellness of residents in a culturally safe environment and within the residents' own personal, worldwide view.</p> <p>Residents interviewed advised that they have choices. They are supported to decide whether they would like family/whānau members</p>

		<p>to be involved with their care or other forms of support. Residents have control and choice over the activities they participate in. Residents and families/whānau interviewed said they are respected and welcomed at the service.</p> <p>Staff interviewed confirmed they have attended Te Tiriti o Waitangi training as part of their in-service training. Staff interviewed stated that care is delivered and reflects Te Whare Tapa Whā model of care. The service demonstrates an awareness of tikanga, and te reo Māori is often used in greetings and karakia before eating. Māori songs are sung at times, as reported by staff. Through the activities programme, Tāngata whaikaha are supported to participate in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement.</p> <p>Residents and family/whānau reported that their property and finances are respected, and professional boundaries were maintained. The owner/directors reported that the code of conduct guides staff to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect and felt safe. Police checks are completed as part of the employment process. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.</p> <p>The Māori cultural policy in place identified a strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents admitted to the service. The management team further reiterated this, who reported that all wellbeing outcomes are managed and documented in consultation with residents, enduring power of attorney (EPOA)/whānau, and Māori health organisations</p>

		and practitioners (as applicable).
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and family/whānau reported that communication was open and effective and that they felt listened to. Enduring Power of Attorney (EPOA)/whānau/family stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and outcomes of regular or urgent medical reviews. This was supported by the residents' records that were reviewed. The staff understood the principles of open disclosure, which are supported by policies and procedures.</p> <p>Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their file. Residents and family/ whānau interviewed stated they are provided with time to discuss any decisions.</p> <p>No residents required the services of an interpreter; however, the staff knew how to access interpreter services if required. Staff can provide interpretation as and when needed and use family members as appropriate. Residents reported that they are provided access to the facility's phone to communicate with their whānau and Wi-Fi access for their electronic gadgets. The owner/director reported that any non-subsidised residents who are admitted to the service are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so</p> <p>The staff reported that verbal and non-verbal communication cards, simple sign language, use of electronic devices, use of EPOA or family/ whānau to translate and regular use of hearing aids by residents when required, is encouraged.</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</p>	FA	<p>The management and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provided relevant guidance to staff. The residents' files sampled verified that informed consent for care provision had been</p>

<p>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>obtained appropriately using the organisation’s standard consent form. These were signed by the enduring power of attorney (EPOA) and residents. The general practitioner (GP) makes a clinically based decision on resuscitation authorisation in consultation with residents and family/whānau. The management team and care staff reported that advance directives are explained and encouraged. All residents admitted to the secure unit had an activated EPOA in place.</p> <p>Staff were observed to gain consent for day-to-day care, and they reported that they always check first if a consent form has been signed before undertaking any of the actions that need consent. Interviews with family/whānau confirmed the service actively involves them in decisions that affect their family members’ lives. All consent forms reviewed were signed. In interviews with residents, they reported feeling safe, protected, listened to, and happy with the care/consent processes.</p> <p>The staff reported that tikanga best practice guidelines in relation to consent during care were observed.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The service has a current complaints policy. Associated forms included the incident form, complaint form, complaint follow-up form, and complaint register. The complaints procedure policy is in line with and reflects the principles of the Code and is in accordance with the Code of Health and Disability Services Consumers’ Rights. The policy commits to ensuring that any complaint (or any other issue) against a staff member or volunteer is addressed in a fair and equitable manner, ensuring that an individual’s dignity, including values and beliefs, is protected. The service’s complaints register was viewed, and there were three complaints in 2024, and one other complaint logged in the register for 2025 (year to date) since the last audit. The complaint reviewed included acknowledgement, investigation, follow-up, and replies to the complainant. No trends were identified, and the complaints were closed as resolved to the complainant's satisfaction.</p> <p>There were no external complaints received since the last audit.</p> <p>An interview with the management and staff revealed that complaint</p>

		<p>forms and information about the advocacy service are available at the service. Residents and family/whānau were aware of their rights to complain, and Consumer Code of Rights posters were sighted in publicly accessible areas. All residents and family/whānau interviewed stated they would feel comfortable making a complaint and that the service would support them throughout the process.</p> <p>Residents and family/whānau lodging a complaint can, if they choose, involve an independent support person or an advocate for advice and support during the complaints process. This was confirmed during interviews. Staff also confirmed they would document a complaint for anyone who had difficulty doing this or supporting the resident or family in accessing independent advocacy services.</p> <p>The owner/director reported that the complaints policy was updated to ensure the complaints process works equitably for Māori and that a translator and/or an advocate who identified as Māori, would be available to support people if needed.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Keringle Park Residential Care is certified to provide aged-related residential rest home and secure dementia levels of care for up to 34 residents. There are 34 beds in total, of which twenty-two (22) are rest home level of care and twelve (12) beds in the secure dementia unit.</p> <p>On the day of the audit, there were 31 residents: 19 residents at rest home level care (including three residents on a younger person with a disability (YPD) contract and five residents on a long term support – chronic health care (LTS-CHC) contract. There were 12 residents requiring dementia level of care. All remaining residents were under the age-related residential care contract (ARRC).</p> <p>Keringle Park Residential Care is managed by the two owner/directors. One owner is the Facility Manager, who responsible for day to day running of the facility while the other is responsible for the maintenance. They are supported by a clinical manager (CM) and two registered nurses (one full-time RN and one part-time RN). The management has extensive experience in the healthcare sector.</p>

		<p>The CM supports all clinical aspects related to resident care and is currently on-site four days a week. The registered nurse is interRAI-trained and works Monday to Friday. The CM shares on-call with the registered nurse.</p> <p>The business plan for 2024-2025 in place describes the organisation's vision, purpose, values, and goals. The plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The working practice at the service is holistic, inclusive of cultural identity, spirituality and respect for the connection to family, whānau and the broader community as an intrinsic aspect of well-being and improved health outcomes for tāngata whaikaha. The owner/directors are knowledgeable about legislative and contractual requirements and are experienced in the aged care sector. Three monthly service review meetings (includes all quality and risk data) are held with the owners and the (CM). The owners also chair staff meetings. There is a clinical governance structure in place that is appropriate to the size and complexity of the service provision. All clinical issues are discussed in the three-monthly service review meetings.</p> <p>The service acknowledges inequity regarding Māori and offers Māori-focused care. The owner/directors reported that the service offers cultural assessment specific to Māori to identify any specific requirements and encourage whanaungatanga through exploration of pepeha, iwi, and hapu.</p> <p>The management team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is a collaboration with mana whenua in business planning and service development that supports outcomes to achieve equity for Māori. The organisation employs a Māori cultural advisor who provides input into key operational policies. They are also responsible for creating relationships with other Māori organisations. The management team have completed over eight hours of training attending various Aged Care conferences in 2024.</p>
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<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>Keringle Residential Care has a range of documents that contribute to quality and risk management and reflect the principles of quality improvement processes. All internal audits were completed according to the schedule. Benchmarking occurs using the previous month's data.</p> <p>Quality data includes incidents/accidents, infection and outbreak events, complaints, satisfaction surveys, internal audits, and staff surveys, all analysed to identify and manage issues and trends. A sample of quality, risk, and other documentation showed that where monitoring activities identify a need for improvement, corrective actions are implemented until improvement occurs. Trends are analysed to support ongoing evaluation and progress across the service's quality outcomes.</p> <p>Residents and staff contribute to quality improvement through feedback on quality data, complaints, and internal audit activities. The outcomes from the resident satisfaction survey conducted in July 2024 were favourable. Minimal corrective actions were identified in activities and food, which have been implemented. The results of quality data, satisfaction surveys, and corrective actions are discussed with staff at staff meetings and in three monthly service review meetings. Residents and family/whānau are informed of survey results.</p> <p>Residents, family/whānau, and staff contribute to quality improvement through staff meetings, resident meetings, newsletters, and compliments. The external consultant has updated all policies and procedures reviewed to meet the requirements of the Ngā Paerewa Standard.</p> <p>The policies reviewed covered all necessary aspects of the service and contractual requirements. Critical analysis of organisational practices to improve health equity occurs with appropriate follow-up and reporting. The owner/directors, CM, and RN described the processes for identifying, documenting, monitoring, reviewing, and reporting risks, including health and safety risks, and developing mitigation strategies.</p> <p>Staff documented adverse and near-miss events in accordance with the National Adverse Event Reporting Policy. A sample of incident</p>
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		<p>forms reviewed showed that these were fully completed, incidents were investigated, action plans were developed, and actions were followed up in a timely manner. Management knew the Severity Assessment Codes (SAC), SAC1 and SAC 2 reporting requirements.</p> <p>The management team were aware of the Health and Safety at Work Act (2015) and implemented its requirements. All visitors to the service are informed and reminded of health and safety and infection prevention. No events required reporting to WorkSafe NZ in the previous 12 months. A hazard register was in place, and evidence of completed environmental audits was sighted.</p> <p>The service complies with statutory and regulatory reporting obligations. Since the last audit, section 31 notifications related to pressure injuries and absconding residents have been reported to the Ministry of Health, and notifications to public health about Covid-19 in April and July 2024 have been completed.</p> <p>Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The management team reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff.</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 managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day, seven days a week. The facility adjusts staffing levels to meet the changing needs of residents. The care staff reported that there are adequate staff members to complete the work allocated to them. The residents and family/whānau interviewed supported this. Over the past four weeks, rosters showed that all shifts were covered by experienced caregivers, with support from the clinical and management team. Residents and family/whānau interviewed stated they are informed of any staff changes.</p> <p>The owner/directors work (40 hours a week from 9am - 5pm, Monday to Friday), CM and RN work four days a week from 7am to 5pm, and another RN works 16 hours twice a month. The management is available on-call 24/7 a week, supported by the CM and RN. Staff</p>

	<p>members maintain current first-aid certificates, so a first aider is always on site.</p> <p>Ongoing education is planned on an annual basis, including mandatory training requirements. Competency assessments include (but are not limited to) hand hygiene; donning and doffing of personal protective clothing; medication administration; restraint use; fire safety; moving and handling; and first aid competencies. Training for care staff and registered nurses included: safe moving and handling; Te Tiriti o Waitangi; abuse prevention; health and safety; challenging behaviour; medication management; chemical safety; recognising dementia; nutrition and hydration; abuse and neglect; ethnicity training; conflict resolution; outbreak management; complaints management; safe food handling; sexuality and spirituality.</p> <p>Care staff have either completed, commenced or are due to commence a New Zealand Qualification Authority (NZQA) education programme to meet the provider's funding and service agreement requirements. The staff reported that they had completed the required dementia units. Seven staff working in the dementia care area have either completed or are enrolled in the required education to meet the requirements of ARRC. Of the 20 healthcare assistants employed, 15 had achieved Level four, four level three, and one in training.</p> <p>Two registered nurses are accredited and maintain competencies to conduct interRAI assessments. The staff records sampled demonstrated completion of the required training and competency assessments.</p> <p>Staff records were reviewed to confirm completion of the required training and competency assessments. Staff members interviewed reported feeling well-supported and safe in the workplace. The owner/directors reported that the model of care ensured that all residents were treated equitably. Staff and management completed cultural training. The provider's environment encourages collecting and sharing quality Māori health information. The service works with Māori organisations that provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</p> <p>There is an employee assistance programme in place to promote</p>
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		staff wellbeing. Staff participated in an annual employee satisfaction survey and staff interviewed reported a positive workplace.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police-checked, and referees are contacted before an offer of employment occurs. A sample of staff records reviewed confirmed that the organisation's policies are being consistently implemented. Each position has a job description. Six staff files were reviewed: one CM, one registered nurse, an activities coordinator, one cook, and two HCAs.</p> <p>Records confirmed that all regulated staff and contracted providers had proof of current registration with their regulatory bodies, such as the New Zealand (NZ) Nursing Council, the NZ Medical Council, the pharmacy, and other allied health service providers.</p> <p>Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and orientation to the environment, including emergency management. Staff performance was reviewed and discussed at regular intervals. Copies of current appraisals for staff were sighted.</p> <p>Each staff member's ethnic origin is documented on their personnel records and is used in accordance with Health Information Standards Organisation (HISO) requirements. A process to evaluate this data is in place and reported to the board at board meetings. Following incidents, the management team are available for any required debriefing and discussion. Staff are involved in a debrief and discussion and receive support following incidents.</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>	FA	<p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. The clinical notes were current, integrated, legible, and met current documentation standards. No personal or private resident information was on public display during the audit. Archived records are held securely on-site and clearly labelled for easy retrieval. Residents'</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>		<p>information is held for the required period before being destroyed.</p> <p>The service uses an electronic information management system and a paper-based system. Staff have individual passwords to the electronic medication management system and the interRAI assessment tool. The visiting general practitioner (GP) and allied health providers also document the information as required in the residents' records. Policies and procedures guide staff in the management of information. The owner/directors reported that the staff have their logins. An external provider holds backup database systems.</p> <p>There is a consent process for data collection. The records sampled were integrated. The owner/directors reported that EPOAs can review residents' records in accordance with privacy laws, and records can be provided in a format that is accessible to the resident concerned.</p> <p>The service is not responsible for the National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Prospective residents are assessed by the needs assessment and coordination service as requiring rest home or dementia care. Prior to entry, prospective residents and their family/whānau are invited to visit the facility and meet with the owner/directors and staff. An information pack is available for them to take away, and there is further information available on the internet.</p> <p>The admission, discharge and transfer policy specify the entry criteria, and the processes and documentation required on admission. The policy specifies that the admission process must comply with legislation, particularly maintaining a person's right to be kept informed and to respect their dignity, beliefs, and values.</p> <p>If a prospective resident does not meet the entry criteria, they and their family/whānau are informed and referred back to needs assessment and coordination. Staff collect data on admissions and declined entries and this data includes ethnicity. Information, including the Code, is displayed in the entranceway in English and te</p>

		reo Māori. The service has established links with local Māori to support Māori residents and their whānau
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Six resident files were reviewed, including three rest home (including a resident on a YPD contract) and three in the dementia unit. All showed that an initial assessment is completed on the day of admission by the CM or registered nurse. The initial assessment includes the use of validated assessment tools. From the initial assessments, an initial care plan is developed that outlines the resident's needs and supports required. Family/whānau interviewed confirmed they were involved in the initial assessment and care planning process.</p> <p>Within three weeks of admission, a detailed long-term care plan is developed which covers all medical, social, cultural, and spiritual needs and preferences and care for individual medical conditions. The dementia unit files contain additional information on strategies to manage challenging behaviour. Long-term care plans are reviewed at six-monthly intervals following the interRAI reassessment by the registered nurse. Family/whānau and residents interviewed confirmed they are involved in care plan reviews. The registered nurse consults healthcare assistants and the activities coordinator when reviewing care plans.</p> <p>The Māori health and cultural safety policy requires staff to follow tikanga best practices and to consult Māori and their whānau during all stages of service delivery. It specified services are to be free of discrimination, and there are to be no barriers for Māori receiving services. The Māori residents have a Māori health care plan which includes Māori beliefs and practices. The CM interviewed described removing barriers so all residents have access to information and services needed to promote independence and working alongside residents and relatives when developing care plans so residents can develop their pae ora outcomes.</p> <p>Where new needs are identified or the condition of a resident changes, the care plan is updated to reflect current needs and goals. Short-term care plans are used to address short-term needs, such as</p>

		<p>wounds or infections. Between shifts, there was a handover, and any concerns were communicated. Progress notes are documented by staff every shift.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The service contracts with a GP from a local general practice who sees each resident at least every three months at their practice. In cases of emergencies, it is confirmed that residents are taken to the local hospital or Counties Care, as the contracted GP does not provide out-of-hours coverage. If there were any changes to medications, the GP stated they would talk to the family/whānau. They were also involved in advanced care planning discussions with family/whānau and residents. They confirmed that staff communicate with them in a timely manner if the condition of a resident changes. All resident's files reviewed evidenced six weekly podiatrist visits.</p> <p>The activities coordinator completes an assessment of hobbies, interests and life experiences and uses this information to develop a care plan for group and individual activities. All files reviewed included information about the residents' life experiences and significant events. This information is obtained from the resident and their family/whānau.</p> <p>Monitoring charts sighted in residents' files include monthly vital signs, weights, and blood sugars, as per care plans when indicated. At the time of the audit, there were two wounds being treated, one a skin tear and the other a chronic leg ulcer. Review of both wound records evidenced consistent completion of wound assessments and documentation. Wound evaluations were documented, and photographs were used to evidence progression towards healing. There have been regular reviews by the GP and resident, and the chronic leg ulcer had its wound reviewed by the wound clinic. CM confirmed good wound healing as noted in the residents' progress notes reviewed.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p>	<p>FA</p>	<p>The activities coordinator is new to their role, commenced employment February 2025 and works five hours per day, four days</p>

<p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>per week. The activities coordinator has plans to enrol in diversional therapy training. Individual activities care plans are completed in consultation with residents and their family/whānau. The activities coordinator plans group and individual activities in consultation with residents and their family/whānau and records residents' participation in activities.</p> <p>Monthly activity schedules were sighted and showed a range of activities that are available to enhance physical strength and balance, mental stimulation, social engagement, and enjoyment of life. Activities include celebrating events such as the Olympic Games, Daffodil Day, Easter, ANZAC Day, and Matariki. For residents who choose not to participate in group activities, individual activities such as card games, puzzles and reminiscing are provided. Outings to places of interest are included in the activity schedules.</p> <p>The activities for residents in the dementia unit are tailored to their cognitive and physical abilities, including domestic chores and memory games. There are quiet spaces for one-on-one activities. The facility features numerous vegetable and flower gardens, two chicken coops, four cats, and a bird, all of which residents actively engage with and enjoy, as observed during the audit.</p> <p>During the audit, residents were seen to be enjoying the activities in the rest home and dementia unit. There are resident-led activities where a resident plans and provides the activities, as well as activities led by volunteers (local church group). Keringle Park Residential Care facilitates opportunities for the Māori residents and others who choose to participate in te ao Māori with the Māori cultural lead. On weekends, staff provide activities and can access the activities resources and have movies available to play.</p> <p>Residents confirmed they are consulted about their interests and aspirations and can choose if they wish to participate.</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>FA</p>	<p>The medication management policy and protocol is in accordance with the Medicines Care Guide for Residential Aged Care. An electronic system is in use for documenting photographic identity, prescriptions, administration, and allergies/adverse effects.</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>Medications are administered by the registered nurse and medication competent healthcare assistants. Staff are required to complete an annual competency assessment by the CM or registered nurse. Completed and current competencies were sighted in staff files.</p> <p>An agreement with a local pharmacy for the supply of medicines was sighted. When medicines arrive at the facility, they are checked against the medication chart. Medications are individually packed in a robotic system. The GP prescribes all medications, including over-the-counter supplements. When there are medication changes, the family/whānau and residents are kept informed of the reasons and potential side effects.</p> <p>A total of 12 medicine charts were reviewed, and medication rounds were observed in both the rest home and dementia unit. Medication-competent healthcare assistants were seen to be following the policy and administering medications safely. Staff were observed explaining to residents what medication they were being administered. Medicines are stored in a locked trolley, which is kept in the respective areas. There is a dedicated medication refrigerator located in the rest home nurses station, and the temperature is recorded daily and seen to be within an acceptable range. Expired and no-longer used medications are returned to the pharmacy for disposal.</p> <p>The medication management policy covers the safe self-administration of medication. At the time of the audit, there was one resident self-administering their medications; all assessments for this had been completed (dated 1 January 2025), and the resident had a secure place to keep medications. There are no standing orders.</p> <p>The CM and registered nurse work in partnership with residents and the general practitioner to ensure residents have access to their regular medications and over-the-counter supplements. Residents interviewed confirmed they are involved in the review of their medications. At the time of the audit, there were residents who identified as Māori; the CM described providing support and advice to all residents regarding their medications and side effects.</p> <p>There is a process for comprehensive analysis of medication errors and corrective actions implemented as required. Medication audits</p>
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		were completed by the CM with corrective action plans implemented as required.
<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>	FA	<p>All meals and baking are prepared and cooked on-site by a full-time and relief cook. Both cooks have been orientated to the service and role and have completed food safety training. The kitchen staff were seen to be wearing appropriate personal protective clothing.</p> <p>Meals are served directly from the kitchen in the rest home. In the dementia unit, food is plated and covered in the kitchen and transported on a trolley. Nutritional snacks are available 24/7.</p> <p>Residents are asked on admission about their food preferences, intolerances and cultural needs, and this information is communicated to the cook. The menu is seasonal, and there is a four-week cycle for each season. The menu was reviewed by a registered external dietitian. Residents interviewed confirmed they enjoy the meals. Residents and family/whānau are asked to give feedback on the meals as part of an annual survey.</p> <p>The food control plan expires in October 2025. The kitchen was observed to be clean and well-organised. Dry stored pantry and refrigerator items are labelled with their opening dates. Refrigerator and freezer temperatures are monitored daily and maintained at acceptable levels. Specialised utensils are available when required. Residents in the dementia unit were observed to be supported by healthcare assistance and to maintain their independence.</p> <p>Residents are weighed monthly and if there is loss in weight, consultation occurs with the general practitioner, who refers residents to a dietitian. Food supplements are provided where prescribed. Staff demonstrated their knowledge of tikanga in relation to food management.</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</p>	FA	The admission, discharge and transfer policy specify the process and required documentation for transfer and discharge. Interview with the CM confirmed transfer and discharge is a planned process that

<p>wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>includes discussion with the resident and their family/whānau. If they are transferring to a higher level of care, the Needs Assessment and Service Coordination team completes a re-assessment and family/whānau are informed of their options for entering another aged care facility.</p> <p>Prior to transfer or discharge, the interRAI is updated and handover occurs between the CM and other facility. Medication charts, interRAI documents, enduring power of attorney documents, and resuscitation status are sent with the resident and family/whānau. Where residents wish to be or need to be seen by another health and disability service, including Kaupapa Māori agencies, a referral is made. Staff keep a list of contact details of other health and disability services in the area. At the time of the audit, the service had residents who identified as Māori.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building warrant of fitness is current to 10 July 2025. There is a maintenance schedule in place for regular maintenance of the building, grounds, and equipment. If equipment needs repair or a hazard is identified, this is entered into a maintenance book and remedied as soon as possible. Electrical equipment is tested and tagged annually and was last completed on 10 February 2025. Hot water temperatures are monitored and within acceptable ranges.</p> <p>Keringle Park Residential Care is a well-maintained, homely facility, and residents are able to bring their own personal belongings and items for their bedrooms. There are handrails in the hallways, stairways, toilets, and showers. The internal building environments were comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups. There are adequate numbers of accessible bathrooms (five in total) and toilet facilities (nine toilets) throughout the facility. The residents in the dementia secure unit have access to a large, secure, external garden area with seating and shade and a chicken coop. Residents and whānau were happy with the environment, including heating, ventilation, privacy,</p>

		<p>and maintenance.</p> <p>There are separate large lounges in both the rest home and dementia unit with comfortable seating. Each area has separate dining rooms. There are other seating areas where residents can sit if they want to be alone or to visit with family.</p> <p>The owner/directors confirmed no plans to expand or alter the building. The owner/facility manager interviewed were aware of their obligations to consider how designs and the environment reflects the aspirations and identity of Māori and the Māori cultural lead would be involved.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The fire evacuation plan is posted on the wall near the entrance. This was approved on 17 September 2001. Records show fire drills are held six-monthly, and staff are trained in emergency procedures. Fire extinguishers (last serviced October 2024) were sighted in the hallways and in the kitchen; there is also a fire blanket. Evacuation procedures were explained to the auditors before the opening meeting.</p> <p>Current first aid certificates were sighted in staff files. Call bells are located in each bedroom. Residents confirmed that call bells are answered promptly. Appropriate security arrangements are in place. Staff ensure that the building is locked, and the windows are closed during afternoon and night duties, with rounds occurring regularly. There is a bell at the main entrance of the facility for visitors to ring on arrival after hours and on weekends. There was a code to access the separate, secure dementia care area. Staff wear badges for identification, with names written in bold letters. Residents and staff were familiar with emergency and security arrangements.</p> <p>Care staff confirmed they have access to appropriate equipment, that equipment is checked before use, and they are competent to use it.</p> <p>In the event of a power outage, a petrol generator is available on-site. There are six 40-litre water casks and three 250-litre water tanks on site. There is an adequate supply of non-perishable food stored, along with extra blankets and dressing supplies. A civil defence store</p>

		cupboard is maintained on site by the owner/director, who is the maintenance person, and is checked monthly.
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention and control and the antimicrobial stewardship (AMS) programmes are appropriate to the service's size and complexity. The management team have approved the infection prevention and control (IPC) and AMS programme, which is linked to the quality improvement system and reflect the organisation's strategic direction. Expertise and advice from the external contractor, infection control specialist through Health New Zealand, the GP, microbiologist and the public health team can be accessed following a defined process. A documented pathway supports reporting progress, issues, and/or significant events to management. The owners are very involved in meetings and are abreast of all infection control matters.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The IPC and AMS programme is linked to the quality and health and safety programme and is reviewed annually. The CM is the infection prevention and control coordinator (IPCC), and the position description for IPCC is well-defined and in place. The IPCC has input when infection control policies and procedures are reviewed by the external contractor. The IPCC has completed various infection prevention and control training online.</p> <p>The service has a pandemic plan and guidelines to manage and prevent infection exposure. Infection prevention and control training is provided to staff, residents, and visitors. Adequate supplies of personal protective equipment (PPE) and hand sanitisers were in stock. Hand hygiene audits were completed as per schedule. Staff are advised not to attend work if they are unwell or self-isolate and get tested if they have been in contact with a person who has tested positive for Covid-19. Information and resources to support staff in managing Covid-19 and other outbreaks were regularly updated and tested.</p> <p>The service has documented policies and procedures that reflect</p>

		<p>current best practices that have been developed by an external contractor well known in the industry with specialist input. These policies and procedures are accessible and available to the staff. The care delivery, cleaning, laundry services, and food management processes were observed. Staff were observed following organisational policies, such as appropriate use of hand sanitisers, good hand hygiene techniques, and the use of disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures.</p> <p>Staff training on infection prevention and control is routinely provided during orientation and annual in-service education. The training includes hand hygiene procedures, donning and doffing protective equipment, and regular Covid-19 updates. Records of staff education were maintained.</p> <p>The IPCC reported they work in consultation with Health New Zealand control specialists in procurement processes for equipment, devices, and consumables. The CM and owners reported that there were processes in place for early consultation with infection control expertise in case of any new building or when significant changes are proposed to an existing facility. In an interview, the CM and registered nurse reported that single-use medical devices are not re-used at the service. Shared equipment is appropriately cleaned between use. The service has completed cleaning and environmental audits to safely assess and evidence that these procedures are carried out.</p> <p>The service has printed infection prevention educational resources in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to</p>	<p>FA</p>	<p>The service has an antimicrobial use policy and procedure. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication</p>

<p>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.</p>		<p>prescribing charts and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the resident cohort's size, scope, and complexity. Infection rates are monitored monthly, reported in a monthly quality report, and presented at meetings. The CM collates and analyses the electronic medication management system with pharmacy support. The annual infection control and AMS review and the infection control audit include antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, isolated pathogens, and adverse effects.</p>
<p>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.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity data, is collated in the electronic record management system, and action plans are implemented. The HAIs being monitored included infections of the skin, eyes, and respiratory. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used.</p> <p>Infection prevention audits were completed, including cleaning, laundry, personal protective equipment (PPE), and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they are informed of infection rates and regular audit outcomes at team meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed during shift handovers for the implementation of early interventions. The CM completes benchmarking.</p> <p>Residents and family/whānau were advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau.</p> <p>There were incidents of Covid-19 infection outbreaks reported in April and July 2024 since the previous audit. These were managed in accordance with the pandemic plan, with appropriate notifications</p>

		completed.
<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 antimicrobialresistant organisms.</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed wearing these as they carried out their duties on the audit days. There are sluice rooms (with sanitisers) and personal protective equipment, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>When not in use, cleaners’ trolleys are always attended to and locked away in the cleaners’ cupboard. All chemicals on the cleaning trolley were labelled. Appropriate personal protective clothing was readily available. Housekeeping services are provided seven days a week.</p> <p>Linen and personal clothes are laundered on-site by care staff seven days a week. There are defined areas for clean and dirty laundry, and a dirty-to-clean flow is evident. Kitchen linen and mop heads are also done on-site. There are sufficient washing machines and dryers. Material safety data sheets are available, and all chemicals are within closed systems. Linen was seen to be transported on covered trolleys. The numerous linen cupboards were well stocked with good-quality linen. The washing machines and dryers are checked and serviced regularly.</p> <p>The management team has oversight of the facility testing and monitoring programme for the built environment. The internal audit programme monitors the effectiveness of the laundry and cleaning processes which are reviewed by the CM. Resident surveys, family/whānau, and residents’ interviews confirmed satisfaction with the cleaning and laundry processes. The staff interviewed had good knowledge about cleaning processes, infection prevention, and control requirements.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The CM and owner/directors have an ongoing commitment to remain restraint-free. The restraint minimisation and safe practice policy is in accordance with this standard and specifies that the owner/directors are committed to a restraint-free environment. At the time of the audit, no restraints were in place, and there had been restraint-free for a long period of time.</p> <p>The CM is the restraint coordinator with a documented job description for the role. The restraint coordinator ensures the care plans explore all alternatives, including strategies to avoid the use of restraint. This includes identifying cultural needs and beliefs, falls prevention strategies and strategies for managing challenging behaviour. Staff meetings are held two-monthly, and any use of restraint would be discussed there. Staff have ongoing training relating to maintaining a restraint-free environment and safe practice and current annual competencies were sighted.</p>

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

No data to display

End of the report.