

# Dutch Village Trust - Ons Dorp Care Centre

---

## 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:

<b>Legal entity:</b>	Dutch Village Trust
<b>Premises audited:</b>	Ons Dorp Care Centre
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 6 March 2025    End date: 7 March 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	42

# Executive summary of the audit

---

## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Ons Dorp care centre is certified to provide care for hospital (geriatric and medical), and rest home level of care for up to 45 residents. There were 42 residents in care on the days of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand- Te Whatu Ora. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

There have been no changes to management since last audit. The general manager is supported by a clinical manager, finance manager and an experienced team of staff.

There are quality systems and processes being implemented. Feedback from residents and families/whānau was satisfactory about the care and the services provided. An induction and in-service training programme is in place to provide staff with appropriate knowledge and skills to deliver care.

This audit identified shortfalls related to communication, adverse event reporting, care plan interventions, 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.

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

Ons Dorp care centre provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan with links to community providers for advice and support. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices which are then reflected in care plans.

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.

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

The strategic and business plan for 2025-2027 includes a mission statement, philosophy and goals. The quality plan has set objectives and is reviewed at frequent intervals with a full annual review completed to evaluate progress. Quality improvement projects are implemented. Internal audits, meetings, and collation of data are all documented as taking place as scheduled with corrective actions resolved in a timely manner. A health and safety programme is being implemented. The clinical manager is the designated health and safety officer. Hazards are identified with appropriate interventions implemented.

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

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

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

There is an admission package available prior to or on entry to the service. Care plans viewed demonstrated service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals.


Medication policies reflect legislative requirements and guidelines. Registered nurses and senior medication competent healthcare assistants are responsible for administration of medicines. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities programme meets the individual needs, preferences, and abilities of the residents. The activities staff provide and implement a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

All food and baking is prepared and cooked on site in the kitchen. Residents' food preferences and dietary requirements are identified at admission. The menu is designed by a dietitian at an organisational level. Individual and special dietary needs are accommodated. Residents and family/whānau interviewed responded favourably to the food that is provided. A current food control plan is in place.

Transfer between services is coordinated and planned.

## **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.
---	---	--

The building has a current warrant of fitness displayed. There is a planned and reactive maintenance programme in place. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. Resident rooms are spacious and personalised.

Management have planned strategies and systems in place in the event of an emergency e.g. fire or other disaster. There is always staff members on duty with a current first aid certificate. Fire drills occur six-monthly.

Security of the facility is managed to ensure safety of residents and staff.

## 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.

Infection prevention management systems are in place to minimise the risk of infection to residents, staff and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing annual in-service education programme. Antimicrobial usage is monitored.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. There have been no outbreaks documented or reported since the previous 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. Laundry services are provided on site.

## 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.

The restraint coordinator is a designated registered nurse. There were residents requiring restraint on the day of audit. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation and support techniques and alternative interventions, and only uses an approved restraint as the last resort.

### 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	25	0	3	1	0	0
Criteria	0	172	0	4	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
<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. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The Māori health plan includes commitment to the concepts of Te Whare Tapa Whā Māori model of health, and the provision of services based on the principles of mana motuhake.</p> <p>The general manager, clinical manager and their team are committed to providing services in a culturally appropriate manner and ensure that the integrity of each person’s culture is acknowledged, respected, and maintained. The service has links with Waipereira Trust that provides regular visits to residents who identify as Māori, provide activities and support for residents at Ons Dorp Care Centre. The service also links residents, family/whānau and staff to inform practice.</p> <p>Ons Dorp Care Centre is committed to providing a service that is responsive and inviting for Māori. The service has staff who identify as Māori and continues to actively seek to employ more Māori staff members. Staff were observed to be actively involved with residents who identify as Māori, learning and speaking te reo Māori and putting tikanga Māori into everyday practice.</p> <p>The service has signage throughout in Māori and the Health and</p>

		<p>Disability Commission (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in te reo Māori and English with pamphlets available.</p> <p>Five residents (three rest home and two hospital) and four family/whānau (three rest home and one hospital) interviewed reported they are involved in providing input into the resident's care planning, activities and their dietary needs. A resident who identified as Māori stated that their cultural needs were well supported, and their family/whānau involved in their care and support.</p> <p>Two Trust Board members, one general manager, one clinical manager, four registered nurse (RN), four healthcare assistants (HCA), one physiotherapist, one physiotherapist assistant, one kitchen manager, one kitchen hand, one laundry staff, two cleaners, one maintenance staff, and one activities coordinator were interviewed. They described how care is based on the resident's individual values, beliefs, and preferences. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The plan has been developed by an external consultant with Pacific input. The plan addresses equity of access and reflecting the needs of Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family/whānau values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of Pasifika.</p> <p>There were residents that identified as Pasifika at the time of the audit. Family /whānau 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 each resident's care plan and activities plan.</p> <p>The clinical manager stated that they actively encourage and support any staff that identifies as Pasifika during the interview process. There were staff that identified as Pasifika at the time of the</p>

		<p>audit. The service consults with family/whanau of current residents and current staff to inform practice and provides guidance regarding cultural practices. Code of rights are accessible in Tongan and Samoan when required. Interviews with staff, management, five residents (three rest home, two hospital), four family/whanau (one hospital and three rest home) and documentation reviewed identified that the service provides resident centred care.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Commission's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed at reception. Details relating to the Code are included in the information provided to new residents and their family/whānau. The clinical manager or registered nurse (RN) discusses aspects of the Code with residents and their family/whānau on admission. Discussions relating to the Code are also held during the three-monthly resident and family/whānau meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the information, pack provided to residents and their family/whānau. Staff receive education in relation to the Code at orientation and through the education and training programme which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake; self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</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>FA</p>	<p>Care staff interviewed described how they support residents to choose what they want to do. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care. The resident and family/whānau</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>satisfaction survey results (November 2024) confirmed that residents are treated with respect. This was also confirmed during interviews with residents and family/whānau. A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There were two couples at the time of the audit with one couple sharing a double room and the other with rooms close to each other. Staff were observed to use person-centred and respectful language with residents. Residents interviewed were positive about the service in relation to their personal choices, values and beliefs being considered and met.</p> <p>Privacy is ensured and independence is encouraged. Seven 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. A spirituality policy is in place. Te reo Māori signage was evident in a range of locations throughout the facility. Training around Te Tiriti o Waitangi, equity and tikanga Māori is provided. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living &amp; non-living things. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to. Residents are supported and encouraged to participate in te ao Māori as evidence in the activities programme.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The house rules are discussed during the new employee's induction to the service with evidence of staff signing the document when they start in the service. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise own bias. Staff are very conscious about discrimination and racism with most having come to New Zealand from other countries.</p> <p>The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. A</p>

		<p>review of resident care plans identified goals of care included interventions to promote positive outcomes. Care staff interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify and manage any reports of abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process.</p> <p>The service implements a process to manage residents' comfort funds, such as sundry expenses. The service has a process in place that records any spending with receipts and invoices sent to family/whānau regularly. The family/whānau monitors transactions.</p> <p>Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>PA Low</p>	<p>Information about the service (including the Code and complaints management process) is provided to residents and family/whānau on admission. Resident and family/whānau meetings identify feedback from residents and consequent follow-up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau or next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if the next of kin have been informed (or not). This is also documented in the progress notes. Ten accident/incident forms were reviewed; however not all demonstrated that family/whānau and next of kin are kept informed. There was mixed feedback from interviews with family/whānau on notification. An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit there were residents who could not communicate in English. Interpreter services through</p>

		<p>family/whanau, staff who could speak the resident's language and use of cue cards were implemented to ensure effective communication. Care staff and the clinical manager interviewed described how they would assist any resident that did not speak English with interpreters or resources to communicate as the need arises.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The delivery of care includes a multidisciplinary team. Health professionals involved with the residents may include specialist services. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions and opportunities for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Seven resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Each resident has their own room with the exception of the three double rooms. The clinical manager confirmed that any resident utilising a double room would give their informed consent, agreeing to having a shared room with other residents as part of the inquiry and admission process. Residents are screened for suitability prior to sharing a room. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy which is implemented and understood by staff.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-</p>

		<p>making process, and in the planning of care. Admission agreements had been signed and sighted for all the files reviewed. All documentation regarding enduring power of attorney (EPOA) or welfare guardianship and activation were in resident files where available.</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 complaints procedure is provided on entry to the service. The service maintains a record of all complaints, both verbal and written on a complaint register. The clinical manager is responsible for maintaining the complaints register and manages all complaints. There have been six complaints received since the previous audit in November 2023. There have been no external complaints. The clinical manager could evidence the complaints documentation process including acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in the staff, quality and risk meetings. Complaints are a standard agenda item in all Trust Board meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaint forms are available at the entrance to the facility. Residents and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern, including three-monthly meetings and two monthly resident and family/whānau meetings. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. On interview some family/whānau stated there was not always open communication with issues of concern raised to management (link 1.6.3).</p> <p>The complaints process is equitable for Māori, complaints related documentation is available in te reo Māori. The clinical manager is aware of the preference of face-to-face interactions for Māori and including family/whānau support.</p>

<p><b>Subsection 2.1: Governance</b></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>Ons Dorp care centre is located in Auckland and provides care for up to 45 residents at hospital and rest home level of care. All the rooms are dual purpose. There are three double rooms which at the time of audit, one had a married couple, the other was occupied by two residents, and one was singly occupied. On the day of the audit, there were 42 residents: 24 hospital level care and 17 rest home level care including one on Accident Compensation Corporation (ACC) funding. All other residents were funded through the aged related residential care services (ARRC) agreement.</p> <p>The working practices at Ons Dorp Care Centre are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family/whānau and the wider community. The communication policy addresses meeting requirements and communication between the Trust Board, management, staff, residents and family/whānau. Ons Dorp Care Centre has a business plan in place (2025-2027), which links to the vision, mission, values, and strategic direction. The mission statement and philosophy is documented and is displayed throughout the facility. Clear specific objectives are documented to manage and guide quality and risk and are reviewed at regular intervals. The Ons Dorp Care Centre objectives were last evaluated November 2024.</p> <p>The facility has a Trust Board that comprises of seven members, four internal Trust Board members (includes members with lived experience with tāngata whaikaha) and three external members (medical doctor, accountant and lawyer). The Trust Board provides oversight of the village and care centre. The Trust Board and management meet monthly to discuss progress updates on various topics, including (but not limited to) quality data analysis, escalated complaints, human resource matters, financial review and occupancy.</p> <p>Members of the Trust Board and the management have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that supports outcomes to achieve equity for Māori and</p>

		<p>addressing barriers for Māori. There are a number of residents, whānau and staff who are Māori. The service can also access the cultural advisor from the Health New Zealand for support and training. The Māori health plan reflects a leadership commitment to collaborate with Māori and aligns with the Ministry of Health strategies. Ons Dorp surveys residents and family/whanau annually to understand the needs of the different users of the services. Objective is to obtain consumer representative feedback with the outcome of the results informing the planning, implementation, monitoring and evaluation of service delivery.</p> <p>Clinical governance is provided to the Trust Board by the medical doctor and a retired registered nurse who are Trust Board members. The Trust Board receives a report from the clinical manager that includes all clinical key performance indicators.</p> <p>There have been no changes to the management team since last audit. The overall management of Ons Dorp Care Centre is provided by the general manager (non-clinical) who has been in the role for seven years and has management experience. They are supported by a clinical manager who has been in the role for eight years. The clinical manager is in the process of completing their post graduate diploma in nursing. The management team is supported by a finance manager, office staff and a team of experienced care, household, kitchen and activity staff. Both the general manager and clinical manager work Monday to Friday. The clinical manager provides on call 24/7 for the care centre with escalation to the general manager as required for any organisational concerns. The clinical manager reports a very low turnover of staff.</p> <p>The management team have completed more than eight hours of training related to managing an aged care facility, including cultural training, attending New Zealand Aged Care Association conference, privacy training, and regional aged residential care meetings.</p>
Subsection 2.2: Quality and risk	PA Low	Quality and risk management systems are implemented with quality initiatives that reflect evidence of evaluation and positive outcomes

<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>for residents and/or staff. There is a documentation policy that includes a process of reviewing policies at regular intervals to meet the Standard and reflect good practice. Monitoring of the quality and risk plan and associated quality outcomes occur through meetings and reports. Meetings include staff meetings and monthly quality and risk meetings. The meetings include all aspects of the quality and risk programme.</p> <p>The clinical manager is responsible for collecting adverse event data. Quality data is collected around falls, skin tears, infections, and other adverse events. The quality data is graphed and discussed at the quality and risk meeting with feedback around the discussion at the staff meetings. Analysis and trends of quality data is collected and documented to identify opportunities for improvement. The service collects data relating to adverse, unplanned, and untoward events. This includes incident and accident information reported by staff. Incident reports are completed for each incident/accident. However, Severity Assessment Code (SAC) is not always linked to events as per policy. Results are discussed in the staff and quality and risk meetings and at handover.</p> <p>An annual internal audit schedule was sighted for the service with evidence of internal audits occurring as per the audit schedule. Corrective actions are implemented when required and are signed off by the clinical manager when completed. Residents and family/whānau are surveyed to gather feedback on the service provided and the outcomes are communicated to residents, staff, and family/whānau. The resident and family/whānau satisfaction survey for November 2024 reported 95% satisfaction for all areas of service delivery. Quality improvements were developed in relation to the individual comments submitted. There are resident and family/whānau meetings held two monthly. There was varied feedback from residents and family/whānau interviewed with the care and service they receive (link 1.6.3).</p> <p>There is an implemented health and safety management system in place. The clinical manager is the designated health and safety officer. A hazard and risk register is in place with this reviewed annually monthly and as required. Health and safety is included in the orientation and annual staff training programme and staff</p>
--	--

		<p>interviewed confirmed they had completed training in the last 12 months.</p> <p>All staff have completed cultural safety training to ensure a high-quality service is provided for Māori. 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 and achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity.</p> <p>Discussions with the clinical manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been one section 31 report for registered nurse shortage (January 2025), one SAC report for pressure injury to Health Quality and Safety Commission (HQSC) and no outbreaks reported since the last audit in November 2023.</p>
<p><b>Subsection 2.3: Service management</b></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>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. The general manager and clinical manager provide operational oversight on a day-to-day basis. The general manager and clinical manager are on site Monday to Friday. The clinical manager is on call 24/7 for staff with escalation process to the general manager as indicated.</p> <p>There are sufficient numbers of healthcare assistants on morning and afternoon shifts to provide clinical and culturally safe care as confirmed by the healthcare assistants and residents interviewed. There is 24/7 registered nurse cover. There are designated staff for housekeeping (laundry, cleaning), activities, maintenance and kitchen. Observation on the day of the audit and documentation reviewed evidence residents care needs are met.</p> <p>There is an annual education/training schedule in place for 2024. The education and training schedule lists compulsory training which</p>

		<p>includes online and in-service training. A review of training identified that this has been provided. The training includes the provision of cultural safety and Te Tiriti o Waitangi along with competencies. The training content provides resources to staff to encourage participation in learning opportunities that will provide them with up-to-date information on Māori health outcomes, disparities and health equity. All staff and managers have completed all training offered. All healthcare assistants are required to complete annual competencies for restraint, handwashing, cultural safety and moving and handling. A record of completion is maintained. External training opportunities for care staff include training days provided by Health New Zealand.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Currently twenty-three of the twenty-six staff members have attained an NZQA level 3 or above qualification.</p> <p>Ons Dorp care centre's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. Registered nurses' complete competencies, including restraint, medication management (including controlled drug management, insulin administration and syringe driver training), and interRAI assessment competencies. There are six registered nurses (including the clinical manager) and four are interRAI trained. All registered nurses are encouraged to attend in-service training and complete critical thinking and problem solving, and infection prevention and control training (including pandemic and outbreak management)</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities, to balance work with life.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are securely stored in hard copy. Seven staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes,</p>

<p>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.</p>		<p>accountability, responsibilities, and functions to be achieved in each position. Job descriptions reflect the expected positive behaviours and values, responsibilities and any additional functions (eg, restraint coordinator, infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals including (but not limited to) registered nurses, general practitioners, pharmacy, physiotherapy, and podiatry). All staff who had been employed for over 12 months have an annual appraisal on file. 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. Competencies are completed at orientation. The service demonstrates that the orientation programmes support registered nurses and healthcare assistants to provide a culturally safe environment to Māori. Ethnicity data is identified, and an employee ethnicity database is available. Following any staff accident/incident, evidence of debriefing and follow-up action taken are documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy (kept in locked cabinets when not in use). Electronic information is regularly backed up and password protected. There is a documented business continuity plan in case of information systems failure. 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.</p> <p>Residents archived files are securely stored in a locked room and 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.</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>There is an implemented admission policy and procedures to safely guide service provision and entry to the service. All residents have a needs assessment completed prior to entry that identifies the level of care required. The clinical manager screens all potential enquiries to ensure the service can meet the required level of care and specific needs of the resident. The service has an information pack available for residents and family/whānau at entry, with specific information regarding admission to Ons Dorp Care Centre. The admission information pack outlines access, assessment, and the entry screening process. The service operates twenty-four hours a day, seven days a week.</p> <p>Comprehensive information about the service is made available to referrers, potential residents, and their family/whānau. Resident agreements contain all details required under the age-related residential care (ARRC) agreement. The admission agreements reviewed meet the requirements of the ARRC agreement and were signed and dated. Exclusions from the service are included in the admission agreement.</p> <p>The clinical manager is available to answer any questions regarding the admission process. The service communicates with potential residents, and family/ whānau during the admission process. Declining entry would only occur if there were no beds available or the potential resident did not meet the admission criteria.</p> <p>The service collects ethnicity information at the time of admission from individual residents, with the facility being able to identify entry and decline rates for Māori. The clinical manager reported they have made links and are strengthening working partnerships with local Māori health practitioners through Health New Zealand and with other health organisations to improve health outcomes for future Māori residents. Staff who identify as Māori are also available to provide support for Māori residents and whānau where required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know</p>	<p>PA Low</p>	<p>Seven resident files were reviewed: three rest home level care including one resident using respite funding; and four hospital level care. The registered nurses are responsible for conducting all</p>

<p>what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>assessments and for the development of care plans. There is documented evidence of resident, and family/whānau participation in care planning.</p> <p>All residents are expected to have an initial assessment, and an initial care plan completed within required timeframes. Risk assessments conducted on admission include those relating to falls; pressure injury; behaviour; continence; nutrition; skin; and pain. Initial assessments and care plans have been completed in a timely manner. An interRAI assessment is completed in a timely manner noting that the resident who was under a respite contract was not required to have an interRAI assessment but had an initial assessment that included communication; culture; spirituality; mobility; hygiene; pain; skin; pressure risk; oral health and sleeping. The assessments informed the long-term care plan (or the initial plan for the resident using respite funding). Documented interventions are recorded in detail to manage early warning signs and clinical risks apart from two resident care plans that did not reference interventions to manage skin integrity.</p> <p>The service has residents who identify as Māori. The clinical manager demonstrated awareness of how the service supports Māori residents and family/whānau to identify their own pae ora outcomes in their care plan. Specific cultural assessments are completed for all residents, and values, beliefs, and spiritual needs are documented in the care plan. Barriers that prevent tāngata whaikaha and family/whānau from independently accessing information are identified and strategies to manage these documented.</p> <p>Care plan evaluations are scheduled and completed at the time of the interRAI re-assessment. Care plan evaluations reviewed were detailed and demonstrated progress towards meeting the goals.</p> <p>The general practitioner (GP) is required to assess the resident within five working days of admission. This has occurred within the timeframes identified in policy. The general practitioner reviews the residents at least three-monthly or earlier if required and visits the facility weekly, as required and after-hours support when needed. The general practitioner (interviewed) commented positively on the care, communication, and the quality of the service provided.</p>
--	---

	<p>Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A physiotherapist is available as required. A dietitian, speech language therapist, older person mental health specialist, local hospice and wound care specialist nurse are available as required through Health New Zealand.</p> <p>Healthcare assistants (HCAs) interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. This was sighted on the day of audit and was found to be comprehensively completed. HCAs complete the progress notes every shift. Registered nurses document in the progress notes at least three times weekly giving reviews of the care provided and when there is an incident or changes in health status. There is regular documented input from allied health professionals as per individual needs. The registered nurse initiates a review by the general practitioner when a resident's condition alters. The resident records reviewed did not always evidence that family/whānau have been notified of changes to health, including infections, accident/incidents, general practitioner and specialist visits, medication changes and any changes to health status (link 1.6.3). This was confirmed through the interviews with family/whānau.</p> <p>There were seven wounds being managed by the service at the time of the audit. There was one resident with a current pressure injury (stage two). Assessments and wound management plans, including wound measurements and photographs, were reviewed. An electronic wound register has been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. The clinical manager and nurses have completed wound care management training. There is access to a wound care nurse specialist who has input into chronic wound and pressure injury care. RNs and HCAs interviewed confirmed that there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist when required from Health New Zealand.</p>
--	--

		<p>Care plans reflected the required health monitoring of interventions for individual residents and care staff monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid chart; turning charts; and blood glucose levels. Monitoring charts have been completed as applicable and as scheduled. Where behaviour charts were completed, these described the behaviour and interventions to de-escalate behaviours, including re-direction and activities. Monitoring charts are routinely reviewed by the registered nurse. Neurological observations have been comprehensively completed for unwitnessed falls as part of post falls management. Incident reports reviewed evidenced timely follow up by the registered nurse, and any opportunities to minimise future risks were identified and implemented.</p> <p>Short-term care plans were completed for short term issues, such as infections, weight loss, and wounds and incorporated into the long-term care plan if they continued into a persistent issue.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Ons Dorp Care Centre employs four part time activity staff and one activities coordinator with one currently training to gain an occupational therapist qualification). One has been with the service for 25 years and is employed for 24 hours; one works 16 hours and every second Sunday in the morning; one works six and a ½ hours a week; and one works 24 hours a week. Two identify with and can speak Dutch. The activities coordinators implement a varied weekly activities programme that caters for all resident needs. The programme reflects the physical and cognitive abilities of the resident groups with the physiotherapist and the physiotherapist assistant (previous personal trainer) offering one to one and group physical, balance and strength-based activities. Activities also include board games; newspaper; music; reminiscing; sensory activities; church services; craft; and bus trips. Those residents who prefer to stay in their room or who need individual attention have one-on-one visits to check if there is anything they need and to have a conversation. The facility has a 'bus' with a current warrant of fitness and registration. This is available for the weekly outings.</p>

		<p>There were Māori residents at the time of the audit, and the service has a working relationship and seeks advice from staff, Māori family/whānau and health providers who engage with Māori residents. One community group who identify as Māori come at least monthly and spend time with Māori residents. They also provide interdenominational spiritual services for anyone who chooses to attend. The service ensures that staff are aware of how to support Māori residents in meeting their health needs, aspirations in the community and do facilitate opportunities for Māori to participate in te ao Māori. On the day of the audit, activities involving music, quiz, individual activities, and exercises were observed.</p> <p>There are regular church services held in the facility. Entertainers and community groups visit regularly. Special events like birthdays, St Patrick's day, Matariki, Easter, Waitangi Day, Matariki and Māori language week, Father's Day, Anzac Day, Christmas, and theme days are celebrated. The local Waitakere College students visit two weekly and engage in social activities with residents.</p> <p>Residents have a past life and cultural and activity assessment completed over the first weeks following admission that describes the resident's past hobbies and present interests, career, and family/whānau. Resident files reviewed identified comprehensive activity plans based on the resident's assessed needs, which also incorporated plans related to physical, cognitive, emotional, and spiritual needs. The physiotherapist completes an assessment and adds to the planned activities for individual residents. Activity plans are evaluated at least monthly at the same time as the care plan evaluations. Family/whānau and residents can provide feedback through one-on-one feedback and monthly meetings. Residents and family/whānau interviewed expressed satisfaction with the activities offered.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to</p>	<p>PA Moderate</p>	<p>There are policies and procedures in place for safe medicine management. Medications are stored safely in a locked room. Staff responsible for medication administration complete medication competencies. Regular medications and 'as required' medications are delivered in blister packs. The registered nurse checks the packs</p>

<p>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.</p>		<p>against the electronic medication chart and a record of medication reconciliation is maintained electronically. Any discrepancies are fed back to the supplying pharmacy. Expired medications are not always returned to the pharmacy in timely manner. There were no residents self-administering medications on the day of audit. There is a policy and procedure in place relating to self-administration of medication.</p> <p>The medication fridge and room air temperature are checked weekly, recorded, and are within the acceptable temperature range. Observation of the medication trolley confirmed that creams and eye drops in use were not always dated on opening; however, were within the expiry date.</p> <p>Fourteen electronic medication charts were reviewed and these meet prescribing requirements. Medication charts have photo identification and allergy status documented. The general practitioner has reviewed the medication charts three-monthly. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication has been consistently documented.</p> <p>Standing orders are in use; however, have not been evidenced as reviewed annually. All medications are charted as either regular doses or 'as required.' Over the counter medications and supplements are prescribed on the electronic medication system by the general practitioner.</p> <p>The service provides appropriate support, advice, and treatment for all residents. Registered nurses and the general practitioner are available to discuss treatment options to ensure timely access to medications. The clinical files include documented evidence that the residents and family/whānau are updated about medication changes, including the reason for changing medications and side effects. The registered nurses described an understanding of working in partnership with Māori residents to ensure the appropriate support is in place if needed, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>Staff have received training in medication management/pain management as part of their annual scheduled training programme.</p>
---	--	---

<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The meals at Ons Dorp Care Centre are all prepared and cooked on site. The service is outsourced with a kitchen manager interviewed. There are two cooks and kitchen staff. The kitchen was observed to be clean and well organised, and a current approved food control plan expires 30 September 2025.</p> <p>There is a four-week seasonal menu that is designed and reviewed by a registered dietitian. The kitchen manager and staff receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, pureed foods) or of any residents with weight loss. The kitchen manager and kitchen hand interviewed were aware of resident likes, dislikes, and special dietary requirements and dietary profiles were updated during the audit in the kitchen. Cultural, religious and food allergies are accommodated. Alternative meals are offered for those residents with dislikes or religious preferences. Care staff interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff and mirrors the intent of tapu and noa. On the day of audit, meals were observed to be well presented and the atmosphere in the dining rooms was calm and well-paced.</p> <p>Kitchen fridge and freezer temperatures are monitored and recorded daily on the temperature monitoring records. Food temperatures are checked at all meals. Records reviewed demonstrated that temperatures have been checked as scheduled and readings were all within safe limits.</p> <p>Meals are plated in the kitchen and immediately served to residents in the adjacent dining room. Staff were observed wearing correct personal protective clothing in the kitchen and as they were serving meals. Staff were observed assisting residents with meals in the dining room and modified utensils, such as lip plates, were available for residents to maintain independence with meals. HCAs interviewed were knowledgeable regarding resident’s food portion size and normal food and fluid intake and confirm they report any changes in eating habits to the registered nurses and record this in progress notes. The kitchen staff have completed food safety and</p>

		<p>hygiene training.</p> <p>Residents interviewed confirmed their individual preferences and needs were accommodated. The residents and family/whānau can offer feedback on a one-to-one basis and through monthly resident meetings.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The transfer documents include a transfer form; copies of the medical history; an admission form with family/whānau contact details; resuscitation form; medication charts; last general practitioner clinic records; and use of Health New Zealand transfer envelope. The residents, families/whānau were involved for all transfers and discharges to and from the service. Discharge notes are saved in the resident's electronic records and discharge instructions are incorporated into the care plan. Residents, and families/whānau are advised of options to access other health and disability services and social support or kaupapa Māori agencies when required.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Ons Dorp Care Centre and comply with legislation relevant to services being provided. The current building warrant of fitness expires 21 November 2025. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>Annual electrical testing is completed by a certified electrician, and this was confirmed in documentation review, interviews with maintenance personnel, and observation of the environment. Calibration of scales and medical equipment occurs annually, and there were documents to support this.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained.</p>

	<p>Hot water checks are conducted monthly, with all readings below the maximum temperature range.</p> <p>The corridors are wide enough to enable mobility aids and fitted with handrails to encourage independent mobility. There is external access to courtyards and garden areas. There are ramps to enable disability access. Residents can walk around freely throughout the facility and grounds. The gardens and courtyard were well maintained and tidy with seating in the outdoor courtyard that catered for family/whānau and resident gatherings. The large dining and lounge area in the centre of the building also welcomes visitors and residents. Environment hazards are identified and monitored as per the health and safety system. Residents and staff confirmed they know the processes they should follow if any repairs or maintenance are required, any requests are appropriately actioned, and that they are happy with the environment. The service is built specifically for residents who identify as Dutch; however, there are residents who are welcomed and who are not Dutch. The interior spaces display Dutch images including photos of the King and Queen of the Netherlands, windmills, tulips etc.</p> <p>There are single bedrooms and three double/shared rooms. There are also curtains around the beds for privacy and in one bedroom identified as a double room there is a sliding door between the beds with curtains also in place. All rooms are large enough for easy movement with mobility aids. Residents can have personal items in their bedrooms. One bedroom has two beds in it and is used for family/whānau to stay over e.g. if their family member is at end of life. This is never used to accommodate two residents at any given time.</p> <p>There are communal bathrooms/showers located close to the resident rooms with privacy signage. Bathrooms/showers have handrails, and call bells. Bathrooms are well lit, ventilated, and heated. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. Toilet/shower facilities are easy to clean. A toilet near the main lounge is available for visitors. All the washing areas have free-flowing soap and paper towels in the toilet areas.</p> <p>A variety of seating is provided to meet all resident's needs. Flooring</p>
--	---

		<p>is carpet tiles or vinyl and maintained in good condition. Installations, walls, and floorings are in good condition. All rooms have external windows to provide natural light and have appropriate ventilation and heating. External areas are safely maintained and were appropriate to the resident group and setting.</p> <p>Corridors are wide enough to promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective areas with mobility aids. There are comfortable looking lounges for communal gatherings and activities. Quiet spaces for residents and their family/whānau to utilise are available inside and outside in the gardens and courtyards.</p> <p>The service has no current plans to build or extend; however, should this occur in the future, the general manager advised that the service will liaise with local Māori providers to ensure aspirations and Māori identity are included.</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>Emergency management policies, including the pandemic plan, outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service on 18 March 2010. Fire evacuation drills have been completed every six months since the last audit. Civil defence supplies are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage, a barbeque is maintained with gas bottles and a gas cooker is available in the kitchen. The service has a relationship with an external provider who will provide the service with a generator as a priority if required. There are adequate supplies in the event of a civil defence emergency, including an equivalent of five litres of water per person (residents and staff) per day for three-days. Information around emergency procedures is provided for residents and family/whānau in the admission information provided. The orientation programme for staff includes</p>

		<p>fire and security training. Staff interviewed confirmed their awareness of the emergency procedures. A minimum of one person trained in first aid is always available in the facility and for resident van outings.</p> <p>There are call bells in the residents' rooms, communal toilets, bathrooms, and lounge/dining room areas. Indicator lights are displayed above resident doors and on attenuating panels in the hallway to alert care staff to who requires assistance. Residents were observed to have their call bells in proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>Appropriate security arrangements are in place. Doors are locked at sunset and unlocked at sunrise. Family/whānau and residents know the process for alerting staff when in need of access to the facility after hours. Staff complete regular security and safety checks overnight. There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to complete visiting protocols.</p>
<p><b>Subsection 5.1: Governance</b></p> <p>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.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked to the quality risk and incident reporting system. A monthly reported is provided to the Trust Board by the clinical manager. The general manager confirmed that infection prevention and control is discussed at a governance level.</p> <p>Infection control is part of the quality and business plans. The clinical manager completes a report on the progress of the quality and business plans relating to infection prevention, surveillance data, outbreak data and outbreak management, audits associated with infection prevention and control and anti-microbial stewardship (AMS), including any significant infection events.</p> <p>The service also has access to an infection prevention nurse specialist from Health New Zealand the laboratory and the general</p>

		<p>practitioner. There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza and Covid-19 vaccinations.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.  Te Tiriti: The infection prevention programme is culturally safe.  Communication about the programme is easy to access and navigate and messages are clear and relevant.  As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>A registered nurse oversees infection prevention and control across the service and has completed online training annually around infection prevention and control. There is good external support from the general practitioner, laboratory, and Health New Zealand -Te Whatu Ora infection control nurse specialist.</p> <p>The infection control programme includes an outbreak and pandemic response plan. The infection control programme is reviewed annually by the clinical manager. The infection control programme links with the quality programme. There are clear reporting guidelines for infections of concern to the Trust Board and the general manager. The service has a pandemic response plan (including Covid-19) which details the preparation and planning for the management of positive tests. There are sufficient quantities of PPE equipment available if required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are developed by an external consultant and reviewed by the clinical manager. There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring of these through their internal audit process. The last infection control audits completed in July 2024 demonstrated compliance with expected guidelines. All shared equipment is appropriately disinfected between use. Single use items are not reused.</p> <p>The infection control policy states that the facility 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. Staff have completed hand hygiene and personal protective equipment education. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and</p>

		<p>updated on outbreak policies and procedures through resident meetings, face to face meetings and emails.</p> <p>Educational posters regarding good infection control practise were displayed in English, and te reo Māori, and are available in other languages. The service incorporates te reo Māori information around infection control for Māori residents and the infection control coordinator stated they work in partnership with Māori for the protection of culturally safe practices in infection prevention that acknowledge the spirit of Te Tiriti o Waitangi.</p> <p>Staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitisers were available. The kitchen linen and cleaning mops and cloths are washed separately.</p> <p>There are policies that include guidelines to minimise healthcare acquired infections (HAI). The infection control coordinator has input into the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products in collaboration with the clinical manager.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality and risk and staff meetings. The infection control coordinator documents a report monthly on antimicrobial uses. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Ons Dorp care centre infection control manual. Monthly infection data is collected for all infections</p>

<p>surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends. Culturally safe processes for communication between the service and residents who develop or experience a healthcare acquired infections are practiced.</p> <p>Infection control surveillance is discussed at staff, quality and risk meetings. The service incorporates ethnicity data into surveillance methods. Trend analysis is completed by the infection control coordinator, and meeting minutes with graphs are provided to staff with discussion around these documented in meeting minutes. Action plans are required for any infection rates of concern and significant events are reported to the Trust Board and general manager. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Health New Zealand for any community concerns. There have been no outbreaks since the last audit. There were clear processes in case of outbreaks including communication pathways with responsibilities, outbreak meetings and communication with residents, family/whānau, and staff.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<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 kept in a locked cupboard and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry and cleaning is managed on site by designated housekeeping staff. The laundry area was seen to have a defined clean-dirty workflow, safe chemical storage, and the linen cupboards</p>

		<p>were well stocked. Cleaning and laundry services are monitored through the internal auditing system. Staff interviewed were knowledgeable around systems and processes related to hygiene, and infection prevention and control. The infection control coordinator oversees the cleaning and laundry audits. The infection control coordinator provides support to maintain a safe environment during construction, renovation and maintenance activities.</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 restraint policy confirms that restraint consideration and application must be completed in partnership with family/ whānau, and the choice of device must be the least restrictive possible, at all times when restraint is considered. Ons Dorp will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>At the time of the audit, the facility had two residents using restraints. The clinical manager and the restraint coordinator confirmed that Ons Dorp is committed to providing services to residents without use of restraint.</p> <p>The use of the restraint was reported in the management, clinical and staff meetings. Restraint management and challenging behaviour training related to sundowning, and behaviour and psychological symptoms of dementia (BPSD) was completed 2024 and at orientation. The training includes reference to policies and procedures related to restraint, cultural practices, and de-escalation strategies.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions,</p>	<p>FA</p>	<p>The restraint policy details the process for assessment which includes the need for restraint, alternatives attempted, risk, cultural needs, impact on the family/whānau, any relevant life events, any advance directives, expected outcomes, and when the restraint will end. The file reviewed evidenced assessment, monitoring, evaluation, and GP involvement.</p> <p>Restraint is only used to maintain resident safety and only as a last resort. The restraint coordinator discusses alternatives with the resident, family/whānau, GP, and staff taking into consideration</p>

<p>and only use approved restraint as the last resort.</p>		<p>wairuatanga. Alternatives to restraint included a low bed and sensor mats. Documentation includes the restraint method approved, when it should be applied, frequency of monitoring, and when it should end. It also details the date, time of application and removal, risk/safety checks, food/fluid intake, pressure area care, toileting, and social interaction during the process.</p> <p>Review of documentation and interviews with staff confirmed that restraint monitoring is carried out in line with policy.</p> <p>A restraint register is maintained and reviewed by the restraint coordinator who shares the information with staff at the quality and risk meetings monthly. Restraint is in use at the facility with one T-belt put on if the resident is determined to get out of a chair; and one with bedrails at their request.</p> <p>Both resident files were reviewed and confirmed that all documentation related to restraint was completed comprehensively and in a timely manner. All restraints are reviewed and evaluated as per policy and requirements of the standard. Use of restraint is evaluated three-monthly or more often according to identified risk. The evaluation includes a review of the process and documentation (including the resident's care plan and risk assessments), future options to eliminate use, and the impact and outcomes achieved. Evaluations are discussed at the quality and risk and staff meetings, and this gives staff an opportunity to discuss restraint use and to debrief if required. A procedure is in place for emergency use of restraint and debrief processes. There had been no emergency restraint or incidents occurred that require emergency restraint since the previous audit.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a</p>	<p>FA</p>	<p>A review of documentation and interviews with the restraint coordinator demonstrated that there was monitoring and quality review of the use of restraints.</p> <p>The internal audit schedule was reviewed and evidence full compliance. The content of the internal audits includes the effectiveness of restraints, staff compliance, safety, and cultural considerations. The restraint group meet on a regular basis to</p>

<p>restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>		<p>review restraints. Restraint is also discussed at the three-monthly GP reviews.</p> <p>Staff monitor restraint related adverse events while restraint is in use.</p> <p>Any changes to policies, guidelines or education are implemented if indicated. Data reviewed, minutes and interviews with staff (including RNs and HCAs), confirmed that the use of restraint is only used as a last resort and discussions related to elimination strategies occur.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.6.3</p> <p>My service provider shall practise open communication with me.</p>	PA Low	<p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau or next of kin of any accident/incident that occurs. Family/whānau notification is documented on incident reports and is also documented in the progress notes; however not all incidents reviewed documented evidence of family/ whānau notification and half of the family / whanau interviewed expressed a lack of open communication with senior team with concerns they have and notification of resident changes.</p>	<p>(i). Eight of 10 accident / incidents reviewed did not have documented evidence to demonstrate that family/whanau were notified of the accident/incidents.</p> <p>(ii). Family/whanau interviewed advised that there was not always open communication with the senior team with concerns they have.</p>	<p>(i)-(ii). Ensure that there is open and effective communication to meet the needs of residents and family/whanau.</p> <p>90 days</p>
<p>Criterion 2.2.5</p> <p>Service providers shall follow</p>	PA Low	<p>Incident reports are completed for each incident/accident on the electronic resident</p>	<p>Severity Assessment Code (SAC) categorisation is not being</p>	<p>Ensure the accident and incident policy is fully</p>

<p>the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>		<p>management system. However, Severity Assessment Code (SAC) is not always linked to incidents in line with the services accident and incident policy. Interview with the clinical manager confirmed their awareness of the policy and the national adverse events reporting policy and confirmed that staff continue to be trained on documentation that includes SAC categories. However, of the 14 incidents reviewed there was only one incident that had a categorisation documented.</p>	<p>used for internal incidents reviewed in the electronic resident management system. Out of 14 events there was only one that had a SAC category documented.</p>	<p>implemented for internal reporting.</p> <p>90 days</p>
<p>Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau</p>	<p>PA Low</p>	<p>Overall, there are comprehensively documented care plans with the assessments used to identify needs in specific areas. Interventions are documented to manage issues raised in relation to pain, activities of daily living, challenging behaviour etc. There were however, two resident files (both requiring hospital level of care) who did not have interventions around maintaining integrity of skin documented. Both had a wound and one had a short-term care plan related to an infection that has been resolved.</p>	<p>Two of seven resident care plans did not reference interventions to maintain skin integrity or to reference the wound assessment and management plan in place.</p>	<p>Ensure that resident care plans reference interventions to maintain skin integrity and/or to reference the wound assessment and management plan if in place.</p> <p>90 days</p>

<p>rongoā, mirimiri, and karakia;  (f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;  (g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;  (h) People’s care or support plan identifies wider service integration as required.</p>				
<p>Criterion 3.4.1  A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA  Moderate</p>	<p>A suite of comprehensive medication policies are in place that align with current legislation and best practice guidelines. Medications that have a short shelf life such as eye drops are expected to be dated when opened as per policy. The RNs interviewed were aware that these medications should be dated when opened and discarded when they have reached the documented shelf life. Three of the seven medications with a short shelf life in use on the medication trolley had been dated when opened and were within the time span documented on the packet.</p> <p>The RN observed during the audit and others interviewed were aware of the need to put any expired medications into a bag for return to pharmacy. On the day of audit, there were expired medications in</p>	<p>(i). Three of the seven medications with a short shelf life in use on the medication trolley had not been dated when opened.</p> <p>(ii). There were five expired medications in use on the drug trolley on the day of audit.</p>	<p>(i). Ensure that medications with a short shelf life in use on the medication trolley have been dated when opened and discarded when they reach their documented date.</p> <p>(ii). Implement a system that ensures that expired medications are taken out of circulation and returned to pharmacy.</p> <p>90 days</p>

		use.		
<p>Criterion 3.4.7</p> <p>Where standing orders are used, the relevant guidelines shall be consulted to guide practice.</p>	PA Low	<p>Standing orders are in place and used by the service with stocked drugs available on site. There is a process to ensure that stock drugs are kept secure and monitoring of stock recorded at weekly intervals. The standing orders have not been signed by the GP to state that they have been reviewed annually.</p>	<p>The standing orders have not been signed by the GP to state that they have been reviewed annually.</p>	<p>Ensure there is documented evidence review and sign standing orders annually as per policy.</p> <p>90 days</p>

## Specific results for criterion where a continuous improvement has been recorded

---

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

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

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

No data to display
--------------------

End of the report.