Manukau Healthcare Limited - Lady Elizabeth Home & Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Manukau Healthcare Limited
Premises audited:	Lady Elizabeth Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 20 March 2025 End date: 20 March 2025

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 53

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Manukau Healthcare Ltd – Lady Elizabeth Home and Hospital (Lady Elizabeth) is certified to provide care for up to 55 residents. There were no significant changes to the service or facilities since the previous audit.

This surveillance audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, whānau/family members, the owners/directors, managers, staff, and a nurse practitioner.

The corrective action required from the previous audit has been addressed with improvements made to police vetting of staff. As a result of this audit, improvements are required in relation to care plan documentation.

Ō tātou motika | Our rights

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

Lady Elizabeth works collaboratively to support and encourage a Māori world view of health in service delivery. Processes were in place aimed at providing Māori residents, when applicable, with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

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

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Service providers maintained professional boundaries, and there was no evidence of abuse, neglect, discrimination, or other exploitation. The property of residents was respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents and whānau felt included when making decisions about care and treatment.

There have been no complaints received since the last audit. Processes were in place to ensure that any complaints would be resolved promptly, equitably and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

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

A clinical governance structure met the needs of the service, supporting and monitoring good practice.

The quality and risk management systems were focused on improving service delivery and care using a risk-based approach. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks were identified and mitigated.

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

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff had the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supported safe equitable service delivery.

Professional qualifications were validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Residents were assessed before entry to the service to confirm the level of care required. All interRAI assessments were current, including all in the interRAI database.

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

The food service met the nutritional and cultural needs of the residents. Food was safely managed, supported by an approved food control plan.

Residents were referred or transferred to other health services as required.

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

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

The facility, plant and equipment meets the needs of residents and are culturally inclusive. A current Building Warrant of Fitness and planned maintenance programme ensured safety. Electrical equipment was tested as required.

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.

A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, is linked with the quality improvement programme, and was reviewed and reported on annually. The operations manager/clinical nurse manager (OM/CNM) oversees the infection prevention and control programme.

Staff demonstrated good principles and practice around infection control supported by relevant IP education.

The 'surveillance of health care-associated infections' programme is appropriate to the size and setting of the service, using standardised surveillance definitions with an equity focus.

Infection outbreaks of COVID-19 were managed according to Ministry of Health (MoH) guidelines.

Here taratahi | Restraint and seclusion

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

The service aims for a restraint-free environment. This is supported by the owners/directors and policies and procedures. There were residents using restraints at the time of audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, alternative interventions, and demonstrated effective practice.

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	17	0	0	1	0	0
Criteria	0	49	0	0	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	Lady Elizabeth has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake was respected. Partnerships have been established with Māori organisations to support service integration, planning, equity approaches, and support for Māori. There were no Māori residents at the time of audit.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	Lady Elizabeth provides services that are underpinned by Pacific worldviews. Pacific Islands staff interviewed discussed how Pacific residents' worldviews, and cultural and spiritual beliefs, were embraced.

Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff included education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff annually. Residents reported that their property and finances were respected and that professional boundaries were maintained. The nursing team reported that staff were guided by the code of conduct to ensure the environment was safe and free from any form of institutional and/or systemic racism. Whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect, and were safe. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors and residents.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively	FA	Files reviewed evidenced that residents and/or their legal representative were provided with the information necessary to make informed decisions in line with the Code. Residents interviewed, and where appropriate their whānau, felt empowered to actively participate in decision-making. Signed admission agreements were evidenced in the sampled residents' records. Resuscitation and care plans were signed by residents who were competent and able to consent, and a medical decision was made by the nurse practitioner (NP) for residents who were unable to provide consent.

manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.		The nursing team and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.	FA	A fair, transparent and equitable system was in place to receive and resolve complaints that leads to improvements. The process met the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. The management team have an open-door policy and worked to ensure open communication was occurring with residents and whānau. There have been no complaints received since the last audit, including from external sources. The operations manager/clinical nurse manager (OM/CNM) explained how complaints would be managed to ensure timely investigation and response in a culturally appropriate and equitable manner.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.	FA	The two owners/directors assume accountability for delivering a high-quality service to users of the services and their whānau. Compliance with legislative, contractual and regulatory requirements is overseen by the two owners/directors and the management team. External advice would be sought as required. The operations manager/clinical nurse manager has attended over eight hours of education in the past year as required by the provider's contract with Health New Zealand – Te Whatu Ora. The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular meetings between the owners/directors and management team. The last three meeting minutes were sighted. A template agenda was used to ensure a comprehensive range of topics was included. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori was evident in plans and monitoring documentation reviewed, and through discussion

		with the OM/CNM. A commitment to the quality and risk management system was evident. The owners/directors interviewed felt well informed on progress and risks. This was confirmed by interview with the two owners/directors and review of the monthly minutes for the meetings between the owners/directors and the management team. The clinical governance structure was appropriate to the size and complexity of the organisation. Monitoring of resident safety, infections, restraint use, and adverse events was trended and benchmarked with the proceeding month's data and with the same month the previous year. The service has Aged-Related Residential Care (ARRC) contracts with Health New Zealand – Te Whatu Ora for hospital level and rest home level of care and residential respite services. There is also a contract with Ministry of Social Development (MSD) - Disability Support Services (DSS) at continuing care and rest home level care. On the days of audit, there were 53 residents receiving care. This included 15 residents receiving ARRC rest home level of care (including one respite), and 35 at ARCC hospital level care (including one respite). There were two hospital level care residents receiving services funded by Disability Support Services (DSS). One resident was receiving hospital level care funded by the Accident Compensation Corporation (ACC).
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.	FA	The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents and complaints, audit activities, a regular resident satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections, and the use of restraint. A quality improvement project was being planned to review food and nutrition services in response to the resident survey/feedback. Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current. The operations manager/clinical nurse manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation

		strategies. Action plans have been developed where applicable following internal audits and surveys. Staff document adverse and near-miss events in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were completed, incidents were investigated, and appropriate immediate care provided to residents. In the event of a resident fall, a post-fall assessment and neurological monitoring had consistently occurred for the sampled events and the nurse practitioner had been informed. Open communication with family/whanau occurred. However, the resident's long-term care plan was not consistently updated/individualised when applicable. This links with the area for improvement raised in criterion 3.2.5. Short-term care plans were used for some events. Staff have a culture of reporting incidents and felt supported to do so. Progress against quality outcomes was evaluated. A quality improvement project has recently commenced to reduce incidents of bruising. While staff were not yet consistently noting Severity Assessments Code (SAC) ratings for each reported event, the OM/CNM reviews all adverse events forms. The OM/CNM has provided the nursing team with sector examples of types of events and applicable SAC ratings. The OM/CNM understood and has complied with essential notification reporting requirements and has made one notification to the Health Quality and Safety Commission (HQSC) related to an unstageable pressure injury. The OM/CNM noted that a Section 31 notification is required to HealthCERT related to COVID-19 infections as of 1 April 2025.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is	FA	There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensured all aspects of service delivery were met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there was 24/7 RN coverage in the hospital.

managed to deliver effective person-centred and whānau-centred services.		The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensured services were delivered to meet the needs of residents. Continuing education was planned on an annual basis, including mandatory training requirements. Staff spoke highly of the frequent education opportunities provided for staff and this was verified by education attendance records sighted. The owners/directors stated staff education was a priority for them. Related competencies were assessed and supported equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments, including medication competencies for applicable staff. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Health New Zealand – Te Whatu Ora. The ON/CNM is an approved assessor for staff working to complete an industry-approved qualification. There were 17 staff with a Level 4 qualification, five staff with a Level 3 qualification, and one staff member with a Level 1 qualification, as detailed in a summary of qualification records provided by the provider.
Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	FA	New staff complete an application form and have references checked, along with their eligibility to work in New Zealand verified. Police vetting of new staff occurs along with the existing staff employed at the time of the last certification audit. The shortfall from the last audit has been addressed. Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies were being consistently implemented, including evidence of qualifications and both initial and ongoing registration (where applicable). Staff reported that the induction and orientation programme prepared them well for the role and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur within three months following appointment and yearly thereafter, as confirmed in records reviewed.

Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	PA Moderate	Five residents' files were reviewed. The local Needs Assessment and Service Coordination (NASC) agency confirmed the levels of care required and these were sighted in all files reviewed. The service used assessment tools that include consideration of residents' lived experiences, and cultural needs, values and beliefs. Nursing care is undertaken by appropriately trained and skilled staff, including the nursing team and care staff. Cultural assessments were completed by the nursing team in consultation with the residents, and whānau/EPOA. The nurse practitioner (NP) completed the residents' medical admissions within the required timeframes and conducted medical reviews promptly. Completed medical records were sighted in all files sampled. The NP reported that communication was conducted in a transparent manner, medical input was sought in a timely manner, medical orders were followed, and care was resident-centred. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly. Behaviour management plans were in place for residents with behavioural issues of concern. The OM/CNM reported that sufficient and appropriate information was shared between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems or in the event of any significant change. The plans were reviewed weekly, or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition was reported to the OM/CNM or registered nurses; this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau were included and informed of all changes. A range of equipment and resources was available, suited to the levels of care provided and in accordance with the residents' needs. The EPOA/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes. Evidence of

		EPOA/whānau and residents being notified following incidents was sighted on incident forms and communication with whānau/family forms in the resident files. Improvements are required to ensure interRAI outcome scores are identified on the long-term care plans, and care plans are detailed to include all residents' individual assessed needs.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. Medications were supplied to the facility from a contracted pharmacy. The NP had completed three-monthly medication reviews. Indications for use were noted for pro re nata (PRN) medications. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. Medication competencies were current, completed in the last 12 months, for all staff administering medicines. There were no expired or unwanted medicines. Expired medicines were returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as required. Monitoring of medicine fridge and medication room temperatures was conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted. The registered nurse was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards. There were no residents who were self-administering medication on the audit day. Appropriate processes were in place to ensure this is managed in a safe manner if required. There is a self-medication policy in place, and this was sighted. There were no standing orders in use.
Subsection 3.5: Nutrition to support wellbeing	FA	The menu has been developed in line with recognised nutritional guidelines

The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.		for people using the services, taking into consideration the food and cultural preferences of those using the service. All food and baking were being prepared and cooked onsite by employed staff. There was an approved food control plan which expires on 15 May 2025. The menu review was completed on 25 July 2024. Diets were modified as required, and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents were given an option of choosing a menu they wanted. Residents have a nutrition profile developed on admission that identifies dietary requirements, likes, and dislikes. All alternatives were catered for as required. Snacks and drinks were available for residents throughout the day and night when required. Some EPOA/whānau and residents interviewed expressed dissatisfaction about the food. A quality improvement project in relation to food and nutrition services was being planned (refer to 2.2).
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.	FA	Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan reviewed confirmed that, where required, a referral to other allied health providers was completed to ensure the safety of the resident. This is completed in collaboration with the resident and whānau.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be	FA	Building, plant and equipment were fit for purpose, inclusive of peoples' cultures and comply with relevant legislation. This included a current Building Warrant of Fitness, and electrical and biomedical testing of equipment, and building maintenance. Residents and whānau were generally satisfied with the environment,

Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.		including heating, natural light, privacy and maintenance. Whānau feedback of a more minor nature related to one aspect of the environment was discussed with the management team. The owners/directors noted a carpet replacement program was underway in the facility and will be completed in a staged process.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The infection prevention and control coordinator (IPCC) oversees and implements the IP programme, which has been developed by those with IP expertise and approved by the governance body. The programme is linked to the quality improvement programme and is reviewed and reported on annually. This was confirmed by the IPCC and a review of the programme documentation. Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau were educated about infection prevention in a manner that met their needs.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	FA	The infection surveillance programme was appropriate to the size and complexity of the service. Infection data was collected, monitored and reviewed monthly. The data, which included ethnicity data, was collated, and action plans were implemented. The HAIs being monitored included infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools were used to collect infection data, and standardised surveillance definitions used. All infection data was reported to the governing body. Infection prevention audits were completed including cleaning, laundry, PPE donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they were informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections,

		comparison with the previous month, reason for increase or decrease, and action advised. Any new infections were discussed at shift handovers for early interventions to be implemented. Benchmarking was completed by comparing with previous monthly results. There was a COVID-19 infection outbreak since the previous audit, in December 2024. This was managed in accordance with the pandemic plan.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	Maintaining a restraint-free environment was the aim of the service. The governance group demonstrated commitment to this, supported by the OM/CNM as verified via interview with the owners/directors. At the time of audit, there were residents using a restraint. Appropriate assessments by the multidisciplinary team had occurred and consents, including from whānau/family, obtained. Any use of restraint is reported to the owners/directors and discussed at the monthly meeting between the management team and owners/directors. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 3.2.5 Planned review of a person’s care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person’s care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are	PA Moderate	Residents' files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. All interRAI assessments reviewed were current, including all those in the interRAI database. However, interRAI outcomes scores were not consistently identified on the long-term care plans. Reviewed care-plans did not include sufficient information to guide care and meet residents’ individual needs, such as wandering, pain management, weight loss, and falls prevention. This included a resident who had several falls. Refer to subsection 2.2. Resident, whānau/EPOA and GP involvement is encouraged in the plan of care.	(i)Three of five resident care plans did not have interRAI triggers identified. (ii)Long-term care plans were not detailed enough to guide care and meet residents’ individual needs.	Ensure care plans have interRAI triggers identified and detailed enough to guide care and meet residents' individual needs. 90 days

implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.				

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.