

# Masonic Care Limited - Edale Aged Care

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## 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>	Masonic Care Limited
<b>Premises audited:</b>	Edale Aged Care
<b>Services audited:</b>	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 20 March 2025 End date: 21 March 2025
<b>Proposed changes to current services (if any):</b>	Four rooms have been verified as suitable for rest home and hospital level care. (rooms 31,32,33 and 34), as requested by letters for HealthCERT dated 17 November 2023 and July 2024. The service has also been verified as suitable to provide Hospital Medical services.
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	34

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Edale Aged Care is part of the Masonic Care Group and provides hospital and rest home level of care for up to 34 residents. On the day of the audit, there were 34 residents.

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

The facility manager is experienced and is supported by the Board of Trustees, a clinical nurse manager, and a team of clinical and non-clinical staff. Interviews with residents, family/whānau and the general practitioner were all positive regarding the staff and their caring approach.

This certification audit identified shortfalls around quality reporting, care plan reviews, first aid trained staff and hot water monitoring.

## 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.

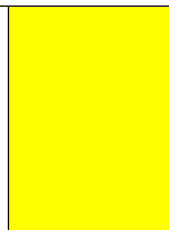


Subsections applicable to this service fully attained.

Edale Aged Care provides an environment that supports resident rights and safe care. Management and staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. A Pacific health plan is also in place. Residents receive services in a manner that considers their dignity, privacy, and independence. The management and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents. Details relating to the Health and Disability Commissioner's Code of Health and Disability Services Consumers Rights (the Code) are included in the information packs given to new or potential residents and family/whānau. The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

## 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 service is governed by a Board of Trustees. Services are planned, coordinated, and are appropriate to the needs of the residents. Edale Aged Care has a documented quality and risk management system. A robust health and safety programme is implemented, and hazards are reviewed on a regular basis. There are human resources policies including recruitment, selection,

orientation, staff training and development. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained.

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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The facility manager efficiently manages the entry process to the service. Admissions are managed by the clinical manager, registered nurses and the general practitioner at admission. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated individualised care.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service. Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

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

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

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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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The building holds a current warrant of fitness. There is a preventative maintenance programme documented and implemented. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. There are sufficient number of toilets/bathrooms for residents, staff, visitors, and contractors in the public areas. Rooms are personalised. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. All resident rooms have call bells which are within easy access of residents. Security checks are performed by staff.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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Infection prevention and control management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection prevention control programme is implemented and meets the needs of the service and provides information and resources to inform the service providers. Documentation evidenced that relevant infection prevention and control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection prevention and control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. 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.

The service has a robust pandemic and outbreak management plan in place. The internal audit system monitors for a safe environment. There have been Covid-19 outbreaks since the previous audit.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. The facility has no residents currently using restraints. Use of restraints is considered as a last resort only after all other options were explored. Education is provided to staff around restraint minimisation.

## 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	23	0	4	0	0	0
Criteria	0	164	0	3	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 has been developed with input from cultural advisers and local iwi and is used for residents who identify as Māori. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The plan is supported by a tikanga Māori Health guide. The aim is to co-design health services ensuring Māori have the same level of health as non-Māori, while safeguarding Māori cultural concepts, values, and beliefs. At the time of the audit there were residents that identified as Māori.</p> <p>Edale Aged Care have connections with advisors and iwi have been made through past and current residents, staff and whānau. 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. There is Māori representation on the Board. There is also a cultural advisor for Edale Aged Care who led the powhiri at the beginning of the audit.</p> <p>Edale Aged Care is committed to providing a service that is responsive and inviting for Māori. The service currently has staff who identify as Māori and actively seeks to employ more Māori staff members. Staff have completed training around cultural safety and Te Tiriti o Waitangi.</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>	<p>FA</p>	<p>The service has developed a Pacific plan that supports culturally safe practices for Pacific peoples using the service. They have done this with input from staff members who are Pasifika from other Masonic homes and the general manager (GM) who has worked in the Pacific. The plan addresses equity of access, reflecting the needs of Pasifika. An additional supporting document that supports staff to be culturally responsive to the needs of Pacific residents – “Caring for Pacific Peoples Guideline”.</p> <p>There are additional policies, procedures and guidelines to provide staff with information on a Pacific model of care, worldview, and cultural and spiritual beliefs. Edale Aged Care is set in a very rural area and is able access Pacific advice and support through Health New Zealand.</p> <p>The facility manager and general manager are conscious of recruiting of Pasifika staff, when possible, in a challenging recruitment environment, and the need to provide safe services.</p> <p>The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of Pasifika. There were no residents or staff identifying as Pasifika during the audit.</p> <p>Individual cultural beliefs are documented in the resident’s care plan and activities plan. Family members of Pacific residents will be encouraged to be present during the admission process, including completion of the initial care plan.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal</p>	<p>FA</p>	<p>Masonic Care Limited policies and procedures are being implemented at Edale Aged Care and align with the requirements of the Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers’ Rights (the Code). Information related to the Code is made available to residents and their families/whānau. The Code of Health and Disability Services Consumers’ Rights is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to</p>

<p>requirements.</p>		<p>residents on the noticeboard and in the information pack. Other formats are available online. Resident meetings provide a forum for residents to discuss any concerns. The staff interviewed (two registered nurses, five healthcare assistants (HCAs), one admin/receptionist, one diversional therapist, one laundry person, one maintenance and one head cook) and the management team (facility manager and clinical manager) confirmed their understanding of the Code and its application to their specific job role and responsibilities.</p> <p>Staff have received education in relation to the Code at orientation and through the annual training programme, which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process. Staff completed training on advocacy services in 2024. The residents (one hospital and four rest home) and family/whānau (three hospital and one rest home) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. Staff confirmed Māori mana motuhake is recognised, as described in the Māori health plan. Interactions observed between staff and residents were respectful.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>There are cultural safety policies in place and resources readily available on the electronic resident management system. Resources include policies on consumer rights, diversity and inclusiveness, intimacy and sexuality, spirituality and counselling, and a human rights and non-harassment policy. Policies are being implemented that align with the requirements of the Health and Disability Commissioner. Staff are trained around the Code at orientation and through regular in-services. The service recognises Māori mana motuhake, as evidenced in the policy and Māori health plan.</p> <p>Edale Aged Care delivers training that is responsive to the diverse needs of people accessing services. Training provided in 2024-2025 has included: code of conduct; privacy and cultural safety, including Te Tiriti o Waitangi. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The use of te reo Māori is encouraged throughout the service. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family/whānau involvement</p>

		<p>and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held.</p> <p>The staff and management described responding to tāngata whaikaha needs and enabling participation in te ao Māori, as documented in the Māori health plan. Care staff interviewed described how they support residents to choose what they want to do and be as independent as they can be. Residents interviewed stated they had choice, and they are supported and encouraged to make a range of choices around their daily life. Residents can choose which activities they participate in, and it was observed that residents are treated with dignity and respect. Satisfaction surveys reviewed confirm that residents and families/whānau are treated with respect.</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 abuse and neglect policy is implemented, service policies guide staff in how to prevent any form of discrimination, coercion, harassment, or any other exploitation. The service is inclusive of all ethnicities and cultural days are held to celebrate diversity. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The service implements the protection of property and finances policy to manage residents' comfort funds, such as sundry expenses. Staff are educated on how to value the older person, showing them respect and dignity.</p> <p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. Professional boundaries are defined in job descriptions. Interviews with the management team and staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are also covered as part of orientation. Staff interviews confirm that they would be comfortable addressing racism with management, if they felt that this was an issue. A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for Māori residents.</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>FA</p>	<p>A comprehensive information pack is provided to residents and family/whānau on admission which includes information on the Code of Resident Rights, advocacy services, complaints and information around service provision. Residents interviewed stated they were comfortable discussing any issues with staff. Residents and family/whānau complete annual surveys, which evidenced overall satisfaction with communication. Family/whānau interviewed felt they are promptly informed of any changes and general practitioner consultations. There are policies and procedures documented relating to accident/incidents, complaints, and open disclosure that inform staff of their responsibility to notify family/next of kin of any accident/incident that occurs. Progress notes in the electronic resident files identified family/whānau are kept informed.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit there were no residents who did not speak English. 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 service communicates with other agencies that are involved with the resident, such as the hospice, wound care specialist and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team. The management team and registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity 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</p>	<p>FA</p>	<p>Resuscitation care and informed consent policies guide staff around informed consent processes. Admission agreements had been signed and sighted for all the six resident files reviewed. The resident files reviewed included signed general consent forms. Other consent forms include photographs and vaccinations. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. Where an EPOA has been activated, an activation letter and incapacity assessment were on file. In the resident files reviewed, there were</p>

<p>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>appropriately signed resuscitation plans and advance directives in place; these are regularly reviewed. 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-making process, and in the planning of care. Staff have received training related to informed consent.</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 to residents and family/whānau on entry to the service. The complaints process is equitable for Māori. The facility manager maintains a complaint/compliment register and documents all verbal and written complaints. There were four complaints received in 2024, and three complaints made in 2024 year to date. The complaints reviewed evidenced complaints are managed within the timeframes set out by the Health and Disability Commissioner. Review of documentation and interview with the facility manager confirmed that complaints are discussed at Board level. Corrective action plans are created when required to ensure learnings occur when gaps are identified in service delivery. There have been no external complaints received.</p> <p>Interviews with residents and family/whānau confirmed they were provided with information on the complaints process. Complaint forms are easily accessible on noticeboards throughout the facility, with advocacy services information provided at admission and as part of the complaint resolution process. Information about the support resources for Māori is available to staff to assist Māori in the complaints process.</p> <p>The resident meeting minutes sighted evidenced residents are given the opportunity to provide feedback. The residents and family/whānau all reported that any issues residents and family/whānau have, are discussed with the facility manager and/or clinical nurse manager directly. The facility manager and clinical nurse manager implement an 'open door' policy which was confirmed during interviews with staff, residents and family/whānau.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Edale Aged Care is part of Masonic Care Limited. The governing body has a Board of Directors. Three of the directors have a close relationship with the health sector. The service provides care for up to 34 residents at hospital and rest home level care. There are 11 dual service (rest home and hospital) beds. A letter from HealthCERT advising the need to review newly created beds (November 2023 and July 2024). This audit confirms that four additional dual-purpose beds have been verified for use and have been included in the bed numbers for this audit.</p> <p>On the day of the audit, there were 12 hospital level residents, including one resident on a younger person with disability (YPD) contract, and one funded through the Accident compensation corporation (ACC). There were 22 rest home level of care. All other residents are funded under the age-related residential care (ARRC) contract. The service has a documented agreement through Health New Zealand for the additional hospital resident. The service has been verified as suitable to provide Hospital Medical services.</p> <p>The general manager provided support to the team for part of the audit and was knowledgeable around contractual and legislative requirements. The Board meets monthly. The general manager confirmed they meet with the facility manager fortnightly at the facility. There is a five-year strategic plan which is split into yearly increments in the annual business plan. The strategic plan is reviewed annually and progress towards meeting annual goals are reviewed regularly and discussed at Board meetings. Masonic Care has a clinical governance group that meets monthly and signs off on the clinical outcome report that is sent to the Board from each Masonic Care facilities. At facility level, clinical governance is provided by the facility manager, clinical nurse manager and infection control coordinator.</p> <p>The Board is committed to supporting the strategies laid down by Manatū Hauora Ministry of Health’s ‘New Zealand Health Strategy’. Objectives listed in the business plan include a commitment to providing and assisting in the provision of good quality care to all people and to improving the health status of ethnic groups including Māori and Pacific people. The general manger described the overarching strategic plan for the Masonic Care Group, which includes how the organisation collaborates with Māori in a manner</p>
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		<p>that aligns with the Ministry of Health strategies and how they address any barriers to equitable service delivery. Discussion with the general manager and review of documentation confirmed how the provider ensures working practices are holistic in nature, inclusive of cultural identity and respect the importance of the connection to family/whānau and the wider community.</p> <p>The annual business plan includes the vision, mission statement, philosophy, and measurable goals. Reporting includes occupancy; finances; health and safety; staffing; infection; quality trend and analysis; and restraint minimisation. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori, and tāngata whaikaha. There is a Board member and staff employed who identify as Māori. The cultural advisor is working alongside the facility manager and staff to offer expert support in te reo Māori and tikanga Māori. The general manager confirmed they, the Board and chief executive have completed Treaty of Waitangi training to ensure cultural competency.</p> <p>The Clinical Governance framework connects all facilities and governance with robust reporting of clinical outcomes. At facility level, clinical governance is provided by the facility manager, clinical nurse leader and the quality, education and infection control coordinator.</p> <p>The facility manager is a registered nurse and has been in the position for 17 months. The clinical nurse manager is an experienced RN and has been in the position for 14 months They are supported by an administrator, a quality coordinator, and a team of clinical and non-clinical staff.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide</p>	<p>PA Low</p>	<p>Edale Aged Care has an established quality and risk management system. The quality monitoring programme is designed to monitor contractual and standards compliance and the service delivery in the facility. Internal audits have been held according to schedule and corrective actions identified; however, these have not all been followed up and signed off as completed. The electronic quality management system benchmarks the quality data collated. Quality data is reported to the Board in the monthly facility manager and</p>

<p>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>clinical nurse manager report. There was documented evidence in the staff meetings of discussions held around quality data, but not internal audits. Meeting minutes are made available to staff who were unable to attend the meeting. Facility meetings and resident meetings have been held according to schedule.</p> <p>Policies and procedures provided by an external consultant align with current good practice and they are suitable to support rest home and hospital levels of care. Policies are reviewed a minimum of two yearly, modified (where appropriate) and implemented. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa Standard are processes that provide a critical analysis of practice to improve health equity. Staff and members of the Board have completed cultural training, including Te Tiriti o Waitangi, to ensure all residents are cared for in a culturally sensitive way.</p> <p>Annual resident and relative satisfaction surveys are conducted. The August 2024 results have been collated and these have been analysed, with the results evidencing a high satisfaction rate from respondents. Results have been shared with staff, residents, and family/whānau.</p> <p>Health and safety policies are implemented and monitored through the monthly meetings. Risk management, hazard control and emergency policies and procedures are in place. The health and safety representative was interviewed about the health and safety programme. The maintenance of the hazard and risk register is the responsibility of the facility manager. Hazard identification forms and an up-to-date hazard register had been reviewed in January 2025. The service documents incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Incidents and accidents forms are completed for all adverse events. Results are collated, analysed, and included in quality data and in the Board report. Incident data was evidenced as discussed at all facility meetings.</p> <p>Discussions with the facility manager and clinical nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. Notifications have been made to the Health Safety Quality Commission as per policy and</p>
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		Section 31 notifications have been completed as required. Outbreaks were notified to the appropriate authorities in a timely manner.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>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.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a staffing policy that describes rostering requirements. The facility manager and clinical nurse manager work full time from Monday to Friday. At the time of audit, the facility manager was also supporting another home one day a week. The facility manger provides after hours on-call support, seven days per week. The clinical nurse manager and registered nurse provides after-hours support for all clinical issues over seven days.</p> <p>The rosters reviewed evidenced 24/7 RN cover and three care staff on morning and afternoon duty, with two staff on overnight. Another short shift has been commenced in the morning and afternoon shifts. Staff and residents are informed when there are changes to staffing levels.</p> <p>An education programme is in place for 2024-2025. A broad range of topics are covered appropriate to the service delivered. Most training is now completed online, with some education delivered face to face with guest speakers and internal trainers. Education in 2024 included manual handling; infection control; outbreak/Covid-19 management; health and safety; hazards; restraint; abuse and neglect; pain management; and fire drills. Training is also provided to staff through ad hoc training. The education and training schedule lists all mandatory topics. Staff have been provided with cultural safety training, including Māori equity and Te Tiriti o Waitangi. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities and health equity. External training opportunities for care staff include training through Health New Zealand.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Ten healthcare assistants have completed level three or four qualifications. A competent care provision policy is being implemented. Competencies are completed by staff, which are linked to the annual in-service schedule. Additional (annual) competencies</p>

		completed include medication; restraint; hand hygiene; use of personal protective equipment (PPE); fire and emergency training; and manual handling. Two of nine registered nurses are interRAI trained. Support systems promote health care and support worker wellbeing and a positive work environment.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources policies are in place and include recruitment, selection, orientation, and staff training and development. Staff files are held securely. Seven staff files reviewed evidenced implementation of the recruitment process, employment contracts, and police checking. There are job descriptions in place for all positions that includes personal specifications, duties and responsibilities, area of work and expected outcomes to be achieved in each position. All files evidenced completed orientation documentation and annual appraisals for staff who have been employed for one year or more. A copy of practising certificates is maintained for all health professionals.</p> <p>The service has an 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 programme supports all staff to provide a culturally safe environment for Māori.</p> <p>An employee ethnicity database is maintained. Management and staff reported they have the opportunity to be involved in a debrief discussion to receive support following incidents. Documentation was submitted that confirmed debrief to ensure wellbeing support is provided, with evidence confirming debrief events occurred post all outbreak events. Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities. The Employee Assistance Programme is available to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p>	FA	<p>The service utilises an electronic format for resident information, documentation, and data. Electronic information (policies and procedures, incident, and accidents) are backed up and password</p>

<p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>protected. The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. 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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Six admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The facility manager and clinical nurse leader are available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. The facility has established links with a cultural advisor and is strengthening links with iwi. The facility manager has links available to support Māori and whānau through the admission process. The service has information available for Māori, in</p>

		<p>English and in te reo Māori. The facility is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, employment opportunities and different education programmes.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Six resident records were reviewed: four rest home, (including one resident on a YPD contract), and three hospital (including one resident on an ACC contract). The registered nurses are responsible for all resident's assessments, care planning and evaluation of care. All resident initial assessments and long-term care plans were completed for residents, detailing needs, and preferences. The individualised long term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All interRAI and LTCP sampled had been completed within three weeks of the residents' admission to the facility (including the resident on the ACC contract). The resident on the YPD contract (not required to have an interRAI assessment completed) evidenced the completion of all appropriate risk assessments and the long term care plan was detailed and linked to the risk assessments.</p> <p>Documented interventions and early warning signs (EWS) meet the residents' assessed needs and provided sufficient guidance to care staff in the delivery of care. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. Short term care plans are developed for acute problems, for example infections, wounds, and weight loss; however, these were not always evaluated and moved to the LTCP when required.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the registered nurse. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition; however, evaluations were inconsistently documented. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms. There was evidence of family involvement in care planning and documented ongoing communication of health</p>

		<p>status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The initial medical assessment is undertaken by the general practitioner within the required timeframe following admission. Residents have ongoing reviews by the general practitioner within required timeframes and when their health status changes.</p> <p>There is one general practitioner who visits monthly for a three-hour clinic. Residents requiring medical review out of clinic times are transported to the contracted medical practice. Medical documentation and records reviewed were current. When interviewed the general practitioner stated the standard of care was adequate. Limited after-hours care is provided by the contracted medical practice. Residents requiring acute care are transported to the local public hospital when needed. If a physiotherapist is required a referral is completed. There is no podiatrist within the area. If podiatry services are required, the general practitioner completes a referral, and the resident is transported to the nearest Health New Zealand clinic. A pedicurist performs toenail care on a regular basis. A dietitian, speech language therapist, wound care nurse specialist and medical specialists are available as required through Health New Zealand. A neighbouring hospice supports the provider regarding palliative care needs.</p> <p>An adequate supply of wound care products was available at the facility. A review of the wound care plans evidenced that wounds were inconsistently assessed and evaluated. Photos were taken when this was required. Where wounds require additional specialist input a wound nurse specialist is consulted. At the time of audit there was one stage three pressure injury. The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following un-witnessed falls as per policy. A range of monitoring charts are available for the care staff to utilise. These include monthly blood pressure and weight monitoring, bowel records and repositioning charts.</p> <p>Staff interviews confirmed they are familiar with the needs of all</p>
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		<p>residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive a written and verbal handover at the beginning of each shift.</p>
<p><b>Subsection 3.3: Individualised activities</b></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>There is one diversional therapist who provides activities across five days. The programme is supported by the caregivers, local entertainers and volunteers. The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. The activity programme is placed on noticeboards and distributed to residents ahead of time. Large noticeboards outline the daily programme, and the diversional therapist informs residents of the schedule on their daily walk around the facility. The menu of the day is also shared on large noticeboards and placed in communal areas.</p> <p>The activity team facilitate opportunities to participate in te reo Māori incorporating Māori language in entertainment and singing, craft, participation in Māori language week, and Matariki. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as manicures, newspaper reading, and word puzzles. There are two lounge areas where residents and families/whānau can watch television and access newspapers, games, puzzles, and specific resources.</p> <p>A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include exercises; newspaper reading, music and movement; crafts; games; quizzes; entertainers; pet therapy; board gaming; hand pampering; house; and cooking. There are weekly van drives for outings, and regular entertainers visiting the residents; however, the diversional therapist does not have a current first aid certificate (Link 4.2.4). Church services are unable to be provided currently (Link 3.1.1).</p>

		<p>There are resident meetings planned monthly, and these are occurring as scheduled. There are separate family/whānau meetings occurring. Residents are encouraged to provide feedback on activities directly to staff, at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management is available for safe medicine management that meet legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses complete syringe driver training. Staff were observed to be safely administering medications. Registered nurses interviewed could describe their role regarding medication administration. Edale Aged Care uses plastic sachets for regular and "as required" medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in the medication room. Medication trolleys were locked when not in use. The medication fridge and medication room temperatures are monitored daily. The medication fridge temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the general practitioner and charted on the electronic medication chart. Weekly stock checks have occurred as scheduled.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed confirmed the general practitioner reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. There were no residents self-medicating on the days of audit. The facility follows documented policies and procedures should a resident wish to administer their medications. As required medications are administered as prescribed,</p>

		<p>with effectiveness documented on the electronic medication system. Medication competent HCAs or registered nurses sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and possible side effects. This is documented in the progress notes.</p> <p>The registered nurses described the process to work in partnership with residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.</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>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring on 26 June 2025. Dry ingredients were decanted into containers for ease of access with evidence of a decanting and or expiry date. The four-weekly seasonal menu has been reviewed by a dietitian (March 2024). The cook is supported by a part-time cook and kitchen hands. All kitchen staff have completed safe food handling training.</p> <p>There is a food services manual available in the kitchen. The cook receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The cook (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Resident profiles were noted to have had recent review and remained current. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. Staff interviewed understood tikanga guidelines in terms of everyday practice with information guides easily accessible if required.</p> <p>The cook completes a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different</p>

		<p>stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained. Meals are directly served to residents in the dining room and lounges or transported on trays to their rooms. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required.</p> <p>The residents interviewed advised the midday meal was satisfactory but stated the evening meal required improvement. They can offer feedback at the resident meetings and ad hoc through raising issues with staff. Residents were noted to be enjoying the social aspect of the midday meal in the main dining room.</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 are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures are documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>The facility utilises the Health New Zealand "yellow envelope" scheme (witnessed) to ensure sufficient detail is shared with other agencies to ensure a safe transition. The residents and family/whānau were involved for all transfers or discharges to and from the service. Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested.</p> <p>The transfer and discharge policy guides staff on transfer and discharge processes. Transfers and discharges are managed efficiently in consultation with the residents/family/whānau/ enduring power of attorney and the general practitioner. An escort is provided for transfers when required. Residents are transported to the nearest accident and emergency department in an ambulance for acute situations. Appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care when residents were transferred. The reason for transfer was documented</p>

		<p>on the transfer records and progress notes in the sampled files. The transfer and discharge planning included risk mitigation and current needs of the resident. Referrals to other allied health providers to ensure safety of the residents were completed.</p> <p>Referrals to seek specialist input for non-urgent services are completed by the clinical nurse leader, registered nurses and the general practitioner. The transfer between services includes a comprehensive verbal handover and the completion of specific documentation as confirmed by the clinical nurse leader.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>The building holds a current warrant of fitness, which expires 20 June 2025. A maintenance person (interviewed) addresses day to day repairs and completes planned maintenance. There is a maintenance request book for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (last completed in September 2024). Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occurs. Hot water temperature records reviewed evidenced some anomalies with no corrective action plan documented. Essential contractors/ tradespeople are available 24 hours a day as required. Calibration of medical equipment has occurred as planned.</p> <p>The building is a single level building with easy access to the garden. A part time gardener is employed to maintain gardens and grounds. There are outdoor ramps with handrails, outdoor seating, shaded areas and raised garden beds. Communal areas are spacious and comfortable for the residents. The facility has sufficiently wide corridors with handrails for residents to safely mobilise using mobility aids, including power chairs. Residents were observed moving freely around the areas with mobility aids where required. The healthcare assistants interviewed stated there was sufficient equipment to safely carry out the resident cares as documented in care plans.</p> <p>There are adequate number of toilet and showering facilities. Bedrooms have handbasin facilities and shared shower and toilet facilities. Privacy locks are in place. Vacant/in-use signage is on the</p>

		<p>toilet/shower rooms. All resident rooms are spacious enough to allow residents to move about with mobility aids and wheelchairs and allows for the use of hoists. Residents and families/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit. All residents interviewed confirmed their privacy was maintained while attending to personal hygiene cares.</p> <p>Group activities occur in the main lounges and residents interviewed stated they were able to use alternative communal areas if they did not wish to participate in the group activities being held in the main lounge. General living areas are heated by large heat pumps and wall heaters. All resident rooms have individual heating thermostats, external windows and are well ventilated. The facility has plenty of natural light. All residents interviewed stated they were happy with the temperature of the facility. There is no planned development for the building; however, the need for Māori involvement in the consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori is well known by the organisation.</p> <p>Four rooms were verified as suitable for rest home and hospital use. Each room has an external window, a smoke detector and sprinkler, a call bell, radiator heating. All rooms have a hand washing sink and one has a on suite. Three have a communal toilets and shower within close proximity.</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>PA Low</p>	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand (30 July 2009). Fire evacuation drills are held six-monthly. The last documented fire evacuation drill occurred on the 29th of August 2024. The facility manager advised the confirmation documentation from the last drill that occurred 14 March 2025 is yet to be forwarded to the provider. Civil defence supplies are stored in an identified cupboard and are checked monthly. In the event of a power outage, the provider is a preferred customer, and a</p>

		<p>generator will be supplied from a local contractor. Documentation that supports this plan was submitted. Additionally, there is gas cooking (BBQ (two) and portable gas cookers).</p> <p>There is adequate food supply available for each resident for minimum of three days. There are adequate supplies in the event of a civil defence emergency, including water supplies (header tanks and bottled water) to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and is included in the ongoing education plan. Not all shifts have a staff member available who has a current first aid certificate. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Indicator lights are displayed above resident doors and panels in hallways to alert them of who requires assistance. Call bells checks are included within the preventative maintenance schedule. The residents were observed to have their call bells in close proximity. The facility is secured at night and there are security checks performed by an external contractor, and cameras located at reception/entrance and throughout the facility.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of the quality programme, which is linked to the strategic plan, to ensure the environment minimises the risk of infection to residents, staff, and visitors. Expertise in infection prevention and control and antimicrobial stewardship can be accessed through Health New Zealand and Public Health. Infection prevention and control and antimicrobial stewardship resources are accessible.</p> <p>Any significant events are managed using a collaborative approach involving the infection control team, the general practitioner and the public health team. There is a communication pathway for reporting infection control and antimicrobial stewardship issues to the Board. The infection control coordinator (registered nurse), facility manager, clinical nurse manager and general manager are informed of any outbreaks, and these are reported immediately.</p> <p>The infection prevention control programme, its content and detail, is</p>

		appropriate for the size, complexity and degree of risk associated with the service.
<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>	FA	<p>There is a well-documented infection control program developed by the head office team that has been approved by the management team, infection control coordinator and Board. The infection control programme is reviewed monthly and discussed at infection control meetings. Infection control data is included in the clinical manager reports, which are discussed at Board level.</p> <p>Policies and procedures are reviewed by the infection control team regularly to ensure compliance with standards and regulations. The infection prevention and control coordinator (registered nurse) job description outline the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection prevention control coordinator has completed external infection control training, including attending the infection control conference, and training provided through online sources and Health New Zealand. The infection prevention and control coordinator have access to support from the infection control specialist at Health New Zealand, GP and public health team.</p> <p>The infection prevention and control coordinator described the pandemic plan and confirmed the implementation of the plan proved to be successful at the times of outbreaks. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection prevention control policies and practices. The infection prevention and control audit monitor the effectiveness of education and infection control practices.</p> <p>The infection prevention and control coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection control resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates.</p> <p>The infection prevention and control resources are readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions</p>

		<p>and were able to locate policies and procedures. The service has infection prevention and control information available in te reo Māori. The infection prevention and control coordinator and HCAs are aware of the need to work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed understood cultural considerations related to infection prevention and control practices. The service has infection prevention and control information available in te reo Māori.</p> <p>Policies and procedures are in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. There are procedures to check these are monitored through the internal audit system. Infection prevention and control is part of facility meetings. The management team described a clear process of involvement, should there be plans for development and ongoing refurbishments of the building. Infection prevention and control is part of facility meetings.</p> <p>The infection prevention coordinator is committed to the ongoing education of staff and residents, as described in infection control policies. Infection prevention and control is part of staff orientation and included within the mandatory staff training schedule. Staff have completed hand hygiene skin infections, standard precautions, and personal protective equipment training. Resident education occurs as part of the daily cares.</p> <p>Family/whānau are kept informed of extra precautions required or outbreaks and updated through emails and phone calls. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.</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>FA</p>	<p>The service has antimicrobial stewardship policy and monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the</p>

<p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>resident cohort. Infection rates are monitored monthly and reported to the quality and staff meetings. Significant events are reported to the Board immediately. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The GP and clinical nurse manager provide oversight on antimicrobial use within the facility.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection prevention control programme. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into electronic infection logs. The monthly infection summary (report extracted from the electronic quality system) includes all infections, including organisms and ethnicity. This data is monitored and analysed for trends and patterns by the clinical manager and is included in the monthly report to the Board. Infection prevention and control surveillance is discussed at facility meetings, as confirmed by staff interviewed and review of staff meeting minutes.</p> <p>The infection control coordinator described developing action plans where required for any infection rates of concern. Short-term care plans are utilised for residents with infections. Internal infection control audits are completed, with corrective actions for areas of improvement. Clear culturally safe communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare-acquired infection. The service receives information from Health New Zealand services for any community concerns. The infection control coordinator described developing action plans where required for any infection rates of concern.</p> <p>There have been Covid-19 outbreaks since the last audit. These have been appropriately reported, with evidence provided of maintenance of infection outbreak logs. Information pertaining to residents and staff affected was collated, outlining the length of outbreak and numbers affected. The infection control coordinator and staff interviews confirmed debrief meetings were held to discuss what went well and what improvements will be implemented on the next occasion.</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>Policies are in place regarding chemical safety and hazardous waste and other waste disposal. Chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are stored on a lockable cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available and current. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, masks, and disposable visors are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are two sluice rooms with sanitisers, a stainless-steel bench and separate handwashing facilities with flowing soap and hand towels. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. The members of the housekeeping team interviewed were knowledgeable around chemicals, infection control practices and cleaning practices during outbreaks.</p> <p>There is a laundry on site, with all laundry completed by dedicated laundry staff. There are defined dirty and clean areas. Personal laundry is delivered back to residents’ rooms. Linen is delivered to cupboards by staff and stored appropriately. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted to be in a good condition. The washing machines and dryers are checked and serviced regularly.</p> <p>The infection prevention control coordinator is overseeing the implementation of the cleaning and laundry audits and is involved in overseeing infection control practices in relation to the building.</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</p>	<p>FA</p>	<p>The organisation and provider is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the clinical nurse leader. The</p>

<p>restraint in the context of aiming for elimination.</p>		<p>use of restraint (if any) would be documented within the monthly clinical and operational managers' report shared with the clinical governance team at head office. Despite there being no restraint currently the clinical nurse leader ensures restraint forms part of the staff meetings to ensure staff remain aware of the restraint minimisation focus. Should a resident require restraint the resident and/or family/whānau are consulted on the restraint procedures, as part of the restraint review processes, as required.</p> <p>The restraint coordinator interviewed described the focus on minimising restraint wherever possible and working towards maintaining a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	Internal audits have been held according to schedule and corrective actions identified; however, these have not all been followed up and signed off as completed. The electronic quality management system benchmarks the quality data collated. Quality data is reported to the Board in the monthly facility manager and clinical nurse manager report. There was documented evidence in the staff meetings of discussions held around quality data, but not internal audits.	<p>i). Internal audits are not documented as discussed with staff at meetings.</p> <p>ii). Internal audit action plans have not been documented as followed up and signed off.</p>	<p>i). Ensure that internal audit are documented as discussed with staff at meetings.</p> <p>ii). Ensure that internal audit action plans are documented as followed up and signed off.</p> <p>90 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person’s care or support plan shall: (a) Be undertaken at defined</p>	PA Low	Review of six resident records evidenced that a broad range of interventions were being implemented to meet the assessed needs of the resident. However, review of	i). Three out of four short term care plans had not been transferred to long term care plans when the issue had not	i). – iv). Ensure all long- and short-term care plans, the wound register and wound care plans are

<p>intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(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 implemented;</p> <p>(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.</p>		<p>short- and long-term care plans, the wound register and wound care plans evidenced that updating these documents requires improvement.</p>	<p>resolved and required long term interventions.</p> <p>ii). Six out of six long-term care plans were not updated to reflect the changes required to resident care following assessments.</p> <p>iii). The wound register was not current and had not been updated as wounds had healed.</p> <p>iv). Four out of five wound care plans were inconsistently assessed, evaluated and updated. The degree of improvement was not consistently captured or had evidence of what changes had been implemented when progress was less than optimal.</p>	<p>consistently reviewed, evaluated and changes documented as required.</p> <p>90 days</p>
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	<p>PA Low</p>	<p>Review of documentation and interview with the maintenance person confirmed that hot water temperatures are monitored on a regular basis. However, there is no evidence of any action taken when anomalies are noted.</p>	<p>Hot water temperatures were above the accepted range on several occasions and no corrective action plan had been put in place to address this.</p>	<p>Ensure all hot water temperatures are maintained at acceptable temperatures and any anomalies are attended to utilising a documented corrective action plan.</p>

				60 days
<p>Criterion 4.2.4</p> <p>Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>Discussion with staff, review of rosters and staff training records confirmed that the numbers of staff with a current first aid certificate were inadequate.</p>	<p>Nine shifts over the last two weeks did not have a first aid trained staff member on duty.</p>	<p>Ensure all shifts (24/7) have a first aid trained staff member on duty.</p> <p>60 days</p>

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

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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
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End of the report.