Knox Home Trust - Elizabeth Knox Home and Hospital

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 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:	Knox Home Trust
Premises audited:	Elizabeth Knox Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 31 March 2025 End date: 1 April 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: 246

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

Elizabeth Knox Home and Hospital (EKHH) is a charitable trust with over 110 years history of caring for the Auckland community. EKHH is owned and operated by the Elizabeth Knox Trust. The service currently is certified to provide rest home, young people with disabilities (YPD) and age-related hospital care for 283 residents. On the first day of the audit, 246 residents were in the facility.

Since the previous audit, the management structure has undergone some significant changes, notably the appointment of a chief executive officer (CEO) and clinical educator.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contract held with Health New Zealand – Te Whatu Ora. The audit process included a review of policies and procedures, a review of residents' and staff files, observations, and interviews with relatives, staff, management, members of the board, and the general practitioner. Residents and whānau were complimentary about the care provided.

Strengths of the service, resulting in continuous improvement ratings, included, environment, medication management, and infection prevention and control.

There were no areas requiring improvement as a result of this audit.

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.

Elizabeth Knox Home and Hospital works collaboratively to support and encourage a Māori world view of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples were provided with services that recognised their worldviews and were 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. Personal identity, independence, privacy and dignity were respected and supported. Staff have participated in Te Tiriti o Waitangi training, which was reflected in day-to-day service delivery. Residents were safe from abuse.

Residents and whānau received information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication was practised. Interpreter services were provided as needed. Whānau and legal representatives were involved in decision-making that complies with the law. Advance directives were followed wherever possible.

Complaints were resolved promptly 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.

Elizabeth Knox Trust assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti, and reducing barriers to improve outcomes for Māori and people with disabilities.

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

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback, and staff were involved in quality activities. An integrated approach included the collection and analysis of quality improvement data, identified trends, and led to improvements. Actual and potential risks were identified and mitigated.

The National Adverse Events Policy was 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 were appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe, equitable service delivery.

Residents' information was accurately recorded, securely stored, and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.

When people entered the Elizabeth Knox Home and Hospital (EKHH) a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and whānau.

EKHH worked in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

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

The food service met the nutritional needs of the residents, with special cultural needs catered for. Food was safely managed.

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 met the needs of residents and was clean and well maintained. A preventative maintenance programme was being implemented. Buildings onsite had a current Building Warrant of Fitness and a Code of Compliance in place. Clinical equipment had been tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of people with disabilities. The facility vehicle has a current registration and warrant of fitness.

Appropriate emergency equipment and supplies were available. All buildings onsite have an approved evacuation scheme, and fire drills were conducted six-monthly. Most staff members on duty on each shift held a current first aid certificate. Staff, residents, and family/whānau understood emergency and security arrangements. Hazards were identified, with appropriate interventions implemented. Residents reported a timely staff response to call bells. Security was maintained.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.

The governing body of EKHH ensured the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator is involved in procurement processes, any facility changes, and processes related to the decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

EKHH promotes responsible prescribing of antimicrobials. Infection surveillance is undertaken, with follow-up action taken as required.

The environment supported both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective laundry 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.

The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of the audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	3	168	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
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	EKHH 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 Ngāti Whatua Orakei, a Māori organisation, to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed with input from an employed kaiāwhina and is used for residents who identify as Māori. The Eden Alternative philosophy is perpetually central to the development of the EKHH care model and impacts all facets of the site, including the redevelopment of service plans. Templates for cultural assessments and Māori health plans were available. Clinical records reviewed contained completed Māori health care plans. Residents and whānau who identified as Māori interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe. Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit, there were staff employed who identified as Māori. Staff ethnicity data was documented on recruitment and trended.

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	EKHH identified and worked in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service and achieving equity. Partnerships enabled ongoing planning and evaluation of services and outcomes. The adopting of the Eden Alternative has resulted in a higher level of wellbeing for all residents, including Pacific peoples. There is continuing evidence of increased care and family engagement at EKHH. There was evidence in the resident records reviewed that Pasifika residents were well supported in ways that met their cultural needs. Pacific residents interviewed felt their worldview and cultural and spiritual beliefs were embraced. Residents who identified as Pacific people were encouraged to participate in cultural activities in the community, and community groups were invited to share their culture and knowledge with the care home. Residents have the opportunity to identify individual spiritual, cultural and other needs as part of the care planning process. The whānau of any resident who identified as Pacific people are consulted to ensure any individual needs and supports for the resident are identified and met.
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 and tāngata whaikaha in accordance with their wishes. The consumer auditor interviewed five tāngata whaikaha who were residents under young people with disabilities (YPD) contracts, and one relative. All were very satisfied that their rights were upheld by all staff during any interactions, and they all were very clear they were supported to have as much control over their lives as was appropriate for each individual. Residents, tāngata whaikaha 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. Copies of the Code were sighted throughout the facility.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	The service supported residents and tāngata whaikaha in a way that was inclusive and respected their identity and experiences. Residents and whānau, including tāngata whaikaha, confirmed they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and choices. Staff were observed to maintain privacy throughout the audit. All residents and tāngata whaikaha have a private room. Personal lockboxes were available for residents who request them. The adoption of the principals of the Eden Alternative fully supports residents' dignity and respect as it seeks to create a human habitat where life revolves around close and continuing contact with plants, animals and children believing that it is these relationships that provide the young and old alike with a pathway to a life worthwhile. Te reo Māori and tikanga Māori were promoted within the service through their kaiāwhina, who is a part-time member of staff. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work. The specific needs of tāngata whaikaha were responded to, including their participation in te ao Māori.
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	Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practices. There were no examples of discrimination, coercion or harassment identified during the audit through staff and/or resident or whānau interviews, including tāngata whaikaha, or in documentation reviewed. Residents' property was labelled on admission, and they reported that their property was respected. Professional boundaries were maintained by staff. Staff interviewed

		felt comfortable in raising any concerns in relation to institutional and systemic racism and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model and the Eden Alternative, which is the organisational philosophical and practice basis that underpins all the organisation does.
Subsection 1.6: Effective communication occurs The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to relatives/whānau in a timely manner. Where other agencies were involved in care, communication had occurred. This was also confirmed in all discussions with tāngata whaikaha and whānau who were residents under the YPD contracts. This was supported by a review of the documentation and interviews with health professionals. Examples of open communication were evident following adverse events and during management of any complaints. Staff knew how to access interpreter services, if required.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.	FA	Residents and/or their legal representative were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making. Discussions with tāngata whaikaha and reviews of service plans confirmed they were actively involved in all decisions about their daily lives. The Eden Alternative principals honour its elders seeking to place the maximum possible decision-making authority into the hand of the elders and those closest to them rather than top-down bureaucratic authority. Residents are given the opportunity to give as well as receive care as this is the antidote to helplessness. Meaningful activities are encouraged as this is essential to human health as this

		is the antidote to boredom. Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines. Advance care planning, establishing and documenting Enduring Power of Attorney (EPOA) requirements and processes for residents and tāngata whaikaha unable to consent were documented, as relevant, in the resident's record.
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, leading to improvements. This met the requirements of the Code. Residents and whānau understood their right to complain and knew how to do so. There were 53 complaints in 2024, and six in 2025 (year to date). The quality and operations manager (Q/OM) reported that the complaint process timeframes were adhered to, and service improvement measures were implemented as required. Documentation, including follow-up letters and resolutions, was completed and managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Discussions with residents and whānau confirmed they were provided information on the complaints process and remarked that any concerns or issues were promptly addressed. Whānau and residents making a complaint can, if they choose, involve an independent support person. The complaints process was linked to advocacy services. The Code of Health and Disability Services Consumers' Rights was visible and available in te reo Māori and English. Residents and whānau spoken with expressed satisfaction with the complaint process. In the event of a complaint from a Māori resident or whānau member, the service would seek the assistance of an interpreter or cultural advisor if needed. There were two open HDC complaints from 2023. The service has complied with all requests for further information within the required timeframes. The other HDC complaint was closed in December

		2024. Key learnings from the complaints were implemented.
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	EKHH is a care home and hospital located in Epsom, Auckland, for the older people and younger adults who live with a physical disability. In 2009, the service adopted the Eden Alternative, a philosophy of care dedicated to placing older people at the centre of care. The organisation is a fully registered Eden Alternative Home and is committed to the 10 principles of the Eden Alternative. The 10 principles guide the focus on opportunities to make residents' lives purposeful and satisfying. The team at EKHH makes the most of all daily opportunities for a good life, with the best care and commitment. The service is committed to resident-directed care and a flattened non-hierarchical management structure. Evidence was sighted in documents reviewed and was further reiterated in interviews with the senior management team. There are currently eight board members of Elizabeth Home Trust. The board members possess significant governance experience and expertise in various fields, including project management, business management, finance, construction, and law. The board demonstrated responsible governance and remains close to service delivery by supporting and providing additional activities. The CEO reports to the board of trustees monthly. Monthly reports to the board showed adequate information to monitor performance was reported including potential risks, contracts, human resource and staffing, growth and development, maintenance, quality management, and financial performance. Board meeting minutes were sighted. Governance and the senior leadership team are committed to quality and risk through policy, processes, and feedback mechanisms. This included receiving regular information from the CEO. Two board members interviewed were knowledgeable of the sector and regulatory and reporting requirements and maintained currency within the field. The service is managed by a CEO who has been in the role since March 2025. The CEO has extensive experience in the health care sector and has held senior leadership roles in New Zealand, Australia, and the United Kingdom. They were supported by a Q/OM,

		quality coordinator, care leader, clinical team, and the board. The strategic plan outlines the organisation's structure, purpose, values, scope, direction, performance, and goals. The plan supports improving equitable outcomes for Māori, Pacific peoples and tāngata whaikaha. Cultural safety is embedded in business and quality plans and staff training. Ethnicity data was being collected to support equity. Cultural safety training has been undertaken by all staff, including the senior management team and the governance. The management interviewed during the audit displayed a commitment to ongoing quality improvement, resident safety, elimination of restraints, and equity principles. The service has employed a kaiāwhina to support cultural training, policy development, residents, and whānau cultural needs. People receiving services, and their whānau, participated in planning and evaluation of services through satisfaction surveys and regular monthly residents' meetings. A sample of minutes of these showed good attendance and a comprehensive agenda, and any concerns raised were addressed and reported back to the residents. Residents and whānau interviewed were happy with the services provided and their level of involvement. There was a clinical governance structure in place that included the quality committee and audit risk assurance committee. The management team meets to ensure there is a consistent overall approach to all clinical issues. The service has agreements with Health New Zealand – Te Whatu Ora to provide age-related residential care (ARRC) for rest home, hospital-level care, respite care, long-term support - chronic health conditions care (LTS-CHC), Accident Compensation Corporation (ACC), young people with disabilities (YPD) and primary options for acute care (POAC). At the time of the audit, there were 211 hospital-level care residents, including 21 YPD residents and 3 ACC residents; 35 rest home residents, including three YPD; two respite residents; nil LTS-CHC; and nil POAC.

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 several resident safety/quality indicators (eg, falls, skin tears, bruising, infections), policies and procedures, clinical incidents, and any quality improvement projects. Relevant corrective actions were developed and implemented to address any shortfalls identified from internal audit activities. Trends were analysed to support ongoing evaluation and progress across the service's quality outcomes. Benchmarking of data was conducted by comparing data with previous months' results and other external facilities quarterly. Residents, young people with disabilities, and whānau contribute to quality improvement through satisfaction surveys and residents' meetings, and staff contribute through reviewing data as part of regular staff meetings/registered nurse (RN) meetings and audit activities. Staff meeting agendas and minutes reviewed showed good attendance and comprehensive agendas covering quality and safety measures/activities. The outcomes from the resident satisfaction survey conducted in September to November 2024 were favourable. Minimal corrective actions were identified, and these have been implemented. The quality team has updated all policies and procedures reviewed to meet the requirements of the Ngā Paerewa Standard. The Q/OM reported that collecting, collating, and reviewing residents' and staff ethnicity data to improve health equity through critical analysis of data and organisational practices, was being implemented. The management team described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and the development of mitigation strategies. These were reported during meetings. Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of 10 incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a

		timely manner. The nursing team and management were aware of the new Severity Assessment Code (SAC) 1 and 2 event reporting processes. SAC 2 reports were reported in relation to two residents who fell and sustained fractures. The service complied with statutory and regulatory reporting obligations. The management team interviewed was familiar with essential notification reporting requirements. There were five Section 31 notifications completed to Health New Zealand – Te Whatu Ora for the resignation of CEO, appointment of new CEO, trespass breach, and two thefts by intruders. The Q/OM reported there was one notification in relation to Covid-19 to Public Health completed since the previous audit.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	There is a documented and implemented process for determining staffing levels and skill mixes to provide 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 team 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. Most staff members on duty in their respective wings had current first aid certificates and there is 24/7 registered nurse coverage. The employment process, which included 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 annually, covering a wide range of topics including, but not limited to, infection prevention and control, medication management, care planning and assessment and cultural safety, wound care management, palliative care, emergency evacuation, falls prevention, skin management, fire safety, and syringe driver training. Related competencies were assessed. High-quality Māori health information was accessed and used to support training and development programmes, policy development, and care delivery. EKHH training team identified a learning gap in the clinical skills for

		staff. An opportunity to strengthen and bridge this gap across all staff was initiated. A quality improvement initiative focused on using experiential learning to improve clinical outcomes was initiated in 2024 up to March 2025. The project served as an adjunct to the current policies and procedures related to resident care to support new and old clinical team members through “learning by doing”. Experiential learning was described as the process of facilitating learning through hands-on experience and consisted of integrating knowledge, activity, and reflection. Feedback obtained from residents and whānau was positive. Experiential learning positively impacted the well-being of both staff and residents. This resulted in good oral hygiene care and a reduction in falls, pressure injuries, complaints, and skin tears. The information was depicted through graphical representations. Through this targeted training, staff demonstrated improved knowledge and practical skills that directly enhanced the quality of care provided to residents Most care partners 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. One hundred and two care partners had achieved Level 4, 15 had achieved Level 3, 11 had achieved Level 1, and 17 were still to commence training. Records reviewed demonstrated completion of the required training and competency assessments. Staff reported feeling well supported and safe in the workplace.
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	Human resources management policies and processes were based on good employment practices and relevant legislation. A sample of staff records reviewed confirmed the organisation’s policies were being consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment. Practising certificates were current for all regulated health professionals, including the registered nurses, general practitioner, physiotherapists, occupational therapist, pharmacists, podiatrist and dietitian.

		Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in seven files reviewed. Opportunities to discuss and review performance occurred three months following appointment and yearly thereafter, as confirmed in records reviewed. Staff had access to the Employee Assistance Programme if required. Staff information, including ethnicity data, was accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.	FA	All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. The clinical notes were current, integrated and legible and met current documentation standards. No personal or private resident information was on public display during the audit. Archived records were held securely onsite and were clearly labelled for ease of retrieval. Residents' information was held for the required period before being destroyed. The service uses an electronic information management system and a paper-based system. Staff have individual passwords to the electronic record, medication management system, and interRAI assessment tool. The visiting general practitioners and allied health providers also document as required in the residents' records. Policies and procedures guide staff in the management of information. The care leader reported that staff have their own logins. An external provider held backup database systems. There was a consent process for data collection. The records sampled were integrated. The care leader reported that EPOAs can review residents' records in accordance with privacy laws, and records can be provided in a format accessible to the resident concerned. EKHH is not responsible for the National Health Index registration of people receiving services.

Subsection 3.1: Entry and declining entry The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.	FA	Residents were welcomed into the service when assessment by the local Needs Assessment and Service Coordination (NASC) agency confirmed the level of care they required was appropriate for the type of service offered by EKHH based on documented entry criteria available to the community and understood by staff. All files reviewed met contractual requirements including yearly review for YPD. Residents and whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission. A visit to EKHH by relatives and prospective residents, where possible, is aways encouraged prior to admission. Enquiries were documented and, where a prospective resident was declined entry, there were processes for communicating the decision, although this rarely occurs. EKHH considered the staffing mix, interRAI, presenting challenging behaviours and the staff were mindful of their Trust Deed which provided for a “Bastion of Hope”. Related data was documented and analysis of the entry and decline rates, including for Māori, is completed and used to monitor that fair and equitable access to EKHH is maintained. EKHH has links with Ngāti Whātua Orākei to advise on any service issues, including when and who to consult when services are being established or developed. To improve service, networking links were being established with He Kāmaka Waiora (HKW), the collaboration of Māori Health Services across Te Toka Tumai Auckland. From this range of organisations, three sessions of consultation have occurred over the past year to assist EKHH to support Māori and their whānau when entering the service. EKHH respected and welcomed the use of Rongoā Māori (traditional healing). There were currently no residents who had requested the services of a Māori healer.
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,	FA	The multidisciplinary team worked in partnership with the resident and whānau to support wellbeing. Integration of interRAI medical electronic record into the residents’ integrated electronic record has been a recent improvement to the resident file. A care plan, based on the EKHH model of care, is developed by suitably qualified staff following a comprehensive assessment, including consideration of

and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.		the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded. All residents held a 'care at a glance' support plan readily accessible for all staff. All individual residents who require hoist assistance were initially assessed by the physiotherapist. A transfer plan was completed, and the individual residents were all provided with their own sling specifically measured and tailored for their use. Assessment is based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan and review timeframes met contractual and policy requirements. Staff understood and supported Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling 16 resident records, and from interviews with clinical staff, people receiving services, and whānau. Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and whānau. Residents and whānau confirmed active involvement in the process. Tāngata whaikaha participated in service development through assessments including "Who I Am" routines and lifestyle and leisure. Personal goals for physiotherapy, occupational therapy and dietitian are considered at multidisciplinary reviews. Examples of choices and control over service delivery were discussed with staff/tāngata whaikaha/whānau. Tāngata whaikaha/whānau could independently access information. Interview with the general practitioner confirmed that the quality of care was consistent and met the residents' needs. Communication was regular, with medical practitioners providing on-site coverage five days per week, with on-call service 24/7. EKHH provides in-house allied health services employing a

		physiotherapist, occupational therapist, exercise physiologist and three physiotherapy assistants. Services include wheelchair seating assessment, equipment assessment, support for anxiety and depression, mindfulness, rehabilitation, and change deterioration management. A fit-for-purpose gym is available and open daily from 9am to 4pm. Every resident admitted is offered the opportunity to participate in group classes, structured sessions, or one-on-one exercise, with the aim of improving quality of life by focusing on function, balance, and flexibility. The programme encourages incorporating exercise into daily life and making it as enjoyable as possible. The team were involved in initial assessment and resident transfer support plans, with progress notes documented on the integrated electronic resident management system. An interview with the allied health team confirmed they work closely with the care operations manager, and that residents were recognising positive outcomes. Demand for gym services has been outstanding, resulting in recently increased service hours. Residents interviewed believed the care was good, that food was varied with tasty sauces, and they felt safe and secure. They expressed their involvement in a range of activities that were wide-ranging and personalised. Whānau interviewed were grateful for EKHH. They had received good information on admission and knew how to make a complaint. They described EKHH as a well-designed and equipped service which they chose to provide care to their family members due to location and reputation. They felt welcomed when visiting and had no concerns. The general practitioner interviewed, or one of the medical team, visited EKHH each weekday and their input was welcomed for all new admissions and when there was a change in condition. They encouraged a team approach to care. The electronic medical file was integrated into the EKHH electronic resident file, and they had ready access to the electronic medication file 24/7. The medical team had a peer review process monthly and invited the nursing team every two months, when they discussed case studies and combined care. They reported they had excellent communication with the staff of EKHH and across the multidisciplinary teams, including with the acute care mental health team and specialists. They believed the care was a good as it can be and reported that concerns raised by families were

		often around expectations, which were resolved through communication.
Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.	FA	The activities programme supported residents and tāngata whaikaha to maintain and develop their interests and was suitable for their age and stage of life. Activity assessments and plans identified individual interests and considered the person's identity. A wide range of individual and group activities reflected residents' goals and interests, ordinary patterns of life, and included normal community activities. Activities for tāngata whaikaha were appropriate and supported individual choices and lifestyles. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Community initiatives met the needs of Māori. Feedback on the programme was provided through monthly resident meetings with the Lifestyle and Leisure Coordinator to review the programme, and discussion and suggestions were made for future activities of interest to them. Those interviewed, including tāngata whaikaha, confirmed they found the programme met their 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 was current and in line with the Medicines Care Guide for Residential Aged Care/current best practice. A safe system for medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed. Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range. Prescribing practices met requirements. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to

		appropriately. Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders were not used. There was currently one resident self-administrating medication and this was managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications. The service was awarded a continuous improvement rating for using medication optimisation to improve clinical outcomes.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	The food service is in line with recognised nutritional guidelines for people using the services. Food services were provided by an independent contractor caterer. The menu had been reviewed by a qualified dietitian from Dietitians New Zealand within the last two years. Recommendations made at that time have been implemented. All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration. This was approved by Auckland City Council on 7 March 2025. Each resident had a nutritional assessment on admission to the facility. Personal food preferences, any special diets and modified texture requirements were accommodated in the daily meal plan. Māori and their whānau had menu options that are culturally specific to te ao Māori. An interview with the kitchen manager and cooks confirmed that a range of functions were catered for, including Matariki and other cultural events such as birthdays and religious occasions. Food/fluid/snacks were available 24/7 within all 10 units. Staff held quarterly 'food for thought' meetings. An external contractor provided fortified moulied meals that were prepared using moulds to present the food in an appetising manner for residents with chewing or swallowing difficulties. Evidence of resident satisfaction with meals was verified by residents

		and whānau interviews, satisfaction surveys and resident meeting minutes. They confirmed they were offered opportunities to be involved in food preparation through interactive food demonstrations organised by the lifestyle team. Residents were given sufficient time to eat their meals in an unhurried fashion and observation of the food service for those requiring assistance supported that the service was provided with dignity.
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	Transfer or discharge from the service was planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs were identified and managed. Options to access other health and disability services and social/cultural supports were discussed, where appropriate. Whānau interviewed reported being kept well informed during the transfer of their relative. The yellow envelope system was used to guide staff to ensure vital information accompanied the resident during the transfer. The general practitioner would coordinate the transfer with the emergency department. Evidence of actions taken to transfer residents to more appropriate facilities when their needs changed, such as dementia or psychogeriatric level care, was sighted. The care operations manager or registered nurse would contact the facility and provide a verbal comprehensive clinical handover to compliment the written communication.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-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	FA	EKHH has four buildings onsite; three had current Building Warrant of Fitness certificates in place, while one had a Certificate of Public Use (CPU). The physical environment supported the independence of the residents and provided private spaces for YPD residents when required. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely in their respective wings with mobility aids. There are comfortable-looking lounges for communal gatherings and activities at the facility.

deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.		Quiet spaces for residents and their whānau to utilise are available inside in the lounges, dining rooms and outside on the open deck areas. The planned maintenance schedule included testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The scales were checked annually. The maintenance officers and certified tradespeople carry out reactive maintenance where required. There was a full-time gardener who works five days a week. The environmental temperature was monitored, and processes were implemented to manage significant temperature changes. The service is divided into five wings and has a total of seven double rooms. All shared rooms have dividing curtains to maintain privacy. Shared rooms, shower rooms and toilets are suitable sizes to accommodate mobility equipment. There are other toilets available for staff, and visitors. All communal toilets and shower facilities have a system that indicates if it is engaged or vacant. All the washing areas have free-flowing soap and paper towels in the toilet areas. All areas are easily accessible to the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed reported they were able to move around the facility, and staff assisted them when required. Residents' rooms were personalised according to their preferences. All rooms have external windows to provide natural light and appropriate ventilation and heating. The grounds and external areas were well maintained. External areas are independently accessible to residents. All outdoor areas have seating and shade. There is safe access to all communal areas. The maintenance officer reported that, when there is a planned development for new buildings, there shall be consultation and co-design of the environments to ensure that they reflect the aspirations and identity of Māori. Care partners interviewed stated they have adequate equipment to safely deliver care for residents. EKHH was awarded a continuous improvement rating for the new Puka building.

Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	FA	Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. These have been recently updated including special needs for YPD residents in the event of an emergency. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. Fire evacuation plans have been approved by Fire and Emergency New Zealand (FENZ). Trial evacuation drills were performed in all respective wings. The drills were conducted every six months, and these were added to the annual training programme. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. Staff can provide a level of first aid relevant to the risks for the type of service provided. First aid training records were sighted, and most staff had completed requirements. There were always staff on duty with first aid training. Call bells alert staff to residents requiring assistance. Residents and whānau reported staff responded promptly to call bells. Appropriate security arrangements were in place, including facility locking procedures. Residents and whānau were familiarised with emergency and security arrangements on admission and as and when required. There is a closed-circuit television and video (CCTV) system monitoring the entrance, garden areas and communal areas. CCTV signage was displayed around the facility. There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.	FA	The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system, and are reviewed and reported on

Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.		yearly. Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and significant events to the governing body. All staff, residents and whānau have received training and updates on managing infections. Training records and meeting minutes were documented.
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 policies reflected the requirements of the standard and are based on current accepted good practice. There is an infection and prevention and antimicrobial stewardship programme in place that has been developed by those with IP expertise, is linked to the quality improvement programme and has been approved by the EKHH governing body. Annual review of the programme, with reporting to governance, has occurred. The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to the clinical operations manager (COM), CEO and governance. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the COM has been sought when making decisions around procurement relevant to care delivery, or facility changes, and policies. The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice was accessed where appropriate. Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources were available in te reo Māori. A pandemic/infectious diseases response plan is documented and has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.

		Staff were familiar with policies for decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single-use medical devices were not reused. The facility was awarded a continuous improvement rating for the development of an in-house vaccination programme to enhance clinical outcomes.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.	FA	Responsible use of antimicrobials is promoted, with EKHH committed in its role as a steward for the effective and judicious use of antimicrobials to prevent or delay the evolution and spread of bacteria that are resistant to multiple antibiotics and pose a significant threat to population health and cost to the health system. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures, with therapeutic decisions regarding the prescription of antimicrobials based on best available evidence, such as best Practice Advocacy Centre New Zealand. The effectiveness of the AMS programme was evaluated by monitoring antimicrobial use and identifying areas for improvement. The IFCC is responsible for maintaining the antimicrobial programme along with the care leader and doctors.
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	Surveillance of health care-associated infections (HAIs) was appropriate to that recommended for the type of services offered and was in line with risks and priorities defined in the infection control programme. Monthly surveillance data was collated from all 10 care units and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme were shared with staff. A COVID-19 outbreak in November 2024 was managed according to policy and procedure and was quickly resolved. A comprehensive summary report following the outbreak was reviewed, and it demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been incorporated into practice.

		Communication between service providers and those residents experiencing a health care-associated infection (HAI) is culturally safe and monitored for ethnicity and gender. In a timely manner, results of surveillance and recommendations to improve performance, where necessary, were identified and reported back to EKHH governance and shared with relevant people.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	FA	A clean and hygienic environment supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. Staff followed documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes were monitored for effectiveness. The EKHH infection prevention and control coordinator had oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely. All laundry was processed onsite in a commercial laundry. Residents also had access to personal laundry facilities in eight of the twelve homes at EKHH. Residents and whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observations of the environment.
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 is the aim of the service. The governance group demonstrated commitment to this, supported by a member of the executive leadership at operational level. The service undertook a focused project aimed at eliminating the use of restraint, prioritising residents' dignity, autonomy, and overall well-being. As a result, the environment is now more person-centred, promoting respectful and compassionate care. Furthermore, the decrease in restraint uses from 16 (in 2024) to no restraint in the year to date (2025) fostered a more compassionate and supportive care environment, leading to enhanced connections and trust between residents and staff, which ultimately enhanced quality of life for the

		residents. The project achieved its intended goals, demonstrating the feasibility and effectiveness of restraint elimination strategies at EKHH. Any use of restraint is reported to the governing body. The policies and procedures reviewed meet the requirements of the standards. The registered nurse is the restraint coordinator, who provides support and oversight should restraint be required in the future. There is a job description that outlines the role. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the education programme. The approval for any use of restraint in the first instance would be put forward to the restraint approval group, which includes the clinical governance team. The group meets every month to discuss whether restraint is to be used. The team would consider approval of any restraint, approval of the method of restraint, guidelines, education of staff, observations, and evaluation, and they would ensure that the correct equipment was used. Meetings held, an employed kaiāwhina and the structure of the board means that the voice of any resident or family members who identify as Māori would be heard. Restraint protocols are covered in the orientation programme of the facility and included in the education programme (which includes annual restraint competency), and restraint use is identified as part of the quality programme and reported at all levels of the organisation. All staff have completed annual training around de-escalation and management of challenging behaviour in the last year.

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 3.4.2 The following aspects of the system shall be performed and communicated to people by registered health professionals operating within their role and scope of practice: prescribing, dispensing, reconciliation, and review.	CI	A project was initiated to resolve concerns and associated risks of polypharmacy and improve residents’ choice, knowledge and use of medicine and reduce wastage and improve medicine safety. A trial was completed in one unit of Elizabeth Knox. The ICARUS Grid tool and the STOPP/START toolkits were used to support the review of residents’ medications in this unit. The methodology included a range of activities: • active resident participation • collection and analysis of data on medication use • reconciliation of medications on entry and re-entry after hospital stays • Staff training targeting polypharmacy and to	A project was initiated to optimise medication use and resolve concerns and risks with polypharmacy for residents. The trial involved residents in one unit of Elizabeth Knox. The ICARUS Grid tool and the STOPP/START toolkits were used alongside a multipronged methodology to review medications and systems. Residents were engaged in all stages of the project. Of 22 resident's forty percent of had some of their medications removed, reduced, or started, and no hospitalisations related to prescribing and deprescribing of medications were noted during the project. Elizabeth Knox now intends to role this project out to the wider facility.

		support resident education • Involvement of GPs and palliative care teams for reviews and to support resident education The standard three-monthly review process was supported with above activities and quarterly multidisciplinary meetings were conducted for system reviews. All 22 residents had their medications reviewed and optimised by their GPs using the STOPP-START toolkit. Forty percent of residents had some of their medications removed, reduced, or started, and no hospitalisations related to prescribing and deprescribing of medications were noted during the project. Feedback was sourced from residents, staff and GPs all of whom found the process useful. Residents found the process satisfying as they actively participated and gained a greater understanding of their medications and health conditions. Elizabeth Knox now intends to role this project out to the wider facility.	
Criterion 4.1.2 The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.	CI	The quality initiative project was a comparative analysis between the old and the new building in relation to promoting independence and reducing falls. The new Totara building was designed based on the previous Puka building in a particular way to promote independence and socialisation, reducing falls and call bell response time while creating a space that feels like home. The new rooms constructed open into a communal space with a lounge and dining room. The design was based on learnings from the Puka home and implementation of the	There has been considerable interest in the new Totara home from the public and residents already living at EKHH. Residents, staff and whanau reported that the new building was well received, creating a welcoming and calming environment. It has contributed to improved quality outcomes, including a noticeable reduction in falls, call bell response time, increased relaxation among residents, and a decrease in complaints. The resident satisfaction survey in 2025 showed a high satisfaction rate in the dining experience, safe mobility, environment, and accessibility of internal

		Greenhouse concept which incorporates Eden Alternative principles. The Greenhouse project intends to create a centralised “hearth” with bedrooms coming off the central dining and lounge area. This allowed residents to see and hear what is going on in the central area and encouraged them to participate and socialise rather than feeling that they are in a hospital with long corridors. Additionally, the design allows the care staff to see and hear residents more easily and assist where needed so as to improve the safety of residents. There were marked changes in clinical quality indicators. When residents were transferred to the new building, a sudden decline in falls was noted, a reduction of between 20% and 40%; call bell response times were reduced by between 40 and 50%, and complaints were 65% less than before. In 2023, EKHH won the New Zealand Aged Care Association (NZACA) Spaceworks Environment Award for the Totara home. EKHH was a finalist for the NZACA Built and Grown Award in 2024 because of the Totara building's design.	and external areas.
Criterion 5.2.1 There is an IP role, or IP personnel, as is appropriate for the size and the setting of the service provider, who shall: (a) Be responsible for overseeing and coordinating implementation of the IP programme; (b) Have clearly defined responsibility for IP decision making;	CI	The in-house vaccination programme was implemented to enhance the accessibility, efficiency, and overall immunisation rates among residents and staff, reducing reliance on external providers. The key steps to implement the project included vaccinator training, through organized training programs for in-house staff, ensuring compliance with Aotearoa Immunisation guidelines, and this increased confidence and competence among vaccinators. Cold Chain Accreditation minimised vaccine wastage with automated log tags and high-quality refrigeration	A project was initiated to enhance the accessibility, efficiency, and overall immunisation rates among resident and staff and reduce the reliance on external providers through the provision of an in-house vaccination programme. The key steps to achieve this outcome were staff enrolment in vaccination training, application for cold chain accreditation and specific equipment including PPE procurement. Along with a quantitative and qualitative methodologies residents, families, staff and allied health professionals were engaged

(c) Have documented reporting lines to the governance body or senior management; (d) Follow a documented mechanism for accessing appropriate multidisciplinary IP expertise and advice when needed; (e) Receive continuing education in IP and AMS; (f) Have access to shared clinical records and diagnostic results of people.		units and equipment procurement of the necessary syringes, PPE, and emergency management kits. Documented research data was reviewed. Outcomes and improvements of the programme included health benefits through reduced hospital admissions and complications from vaccine-preventable diseases such as influenza, pneumonia, and COVID-19. Also included was improved access to pneumococcal, influenza, and booster COVID-19 vaccines and additional opportunities for funding and resources through the Ministry of Health credit scheme. The challenges included training reluctance, as staff training required time, effort and funding, which was met with some reluctance, and vaccination resistance due to misconceptions and fear of side effects was addressed through education sessions. Positive feedback was received from residents and staff, who expressed satisfaction with the vaccination programme, noting improved health and reduced anxiety. The project also reduced antibiotic use, as a significant decline in antimicrobial prescriptions was observed, attributed to reduced cases of lower respiratory tract infections. In conclusion, the in-house vaccination programme has successfully improved health outcomes, reduced antibiotic dependency, and enhanced community wellbeing through strategic planning, clear communication, and stakeholder engagement.	throughout the project. In 2022, 90% of residents were immunised, 2023, 82% immunised and in 2024, 75 % were immunised. In 2022, 44 staff chose to be vaccinated by EKHH staff resulting in 95% of all staff immunised. Although, the overall percentage of residents immunised per year has decreased this was consistent with the general trends in the community due to public resistance and miscommunication post covid 19 pandemics. The activities undertaken, the number of staff trained and the service now available has strengthen the resilience of the facility to manage and prevent future outbreaks or pandemics. Data on the trends in antimicrobial prescriptions and hospital admission were collected and collated for the final quarter of 2024. The information collected provided considerable insights. EKHH will continue collecting this data as understanding these trends will continue to help inform for future antimicrobial stewardship strategies and optimise prescribing practice. Elizabeth Knox intends to continue with the in-house vaccination programme as it has successfully improved health outcomes, reduced antibiotic dependency, and enhanced community wellbeing.

End of the report.