

Elms Court Care Limited - Elms Court Village

Introduction

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

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity: Elms Court Care Limited

Premises audited: Elms Court Village

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 18 March 2025 End date: 19 March 2025

Proposed changes to current services (if any): The service was verified as suitable to provide Residential Disabilities – Physical services as part of this audit. There are no changes to overall bed numbers. **Total beds occupied across all premises included in the audit on the first day of the audit: 72**

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Elms Court Village is one of four facilities owned by the same owner (village manager). Elms Court Village is certified to provide rest home and hospital levels of care for up to 78 residents. There were 72 residents on the days of audit.

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard 2021 and the contract with Health New Zealand and with Ministry of Social Development for the provision of disability services. The audit process included the review of policies and procedures; the review of residents and staff files; observations and interviews with residents, family/whānau management, staff and a general practitioner. The support auditor also fulfilled the role as consumer auditor at this audit.

The village manager/owner is an experienced aged care provider and is supported by a clinical manager. The village manager oversees the day to day operations of Elms Court Village. The clinical manager is responsible for clinical governance with support from a clinical director. Residents and family/whānau interviewed responded positively about the delivery of care and support provided.

This audit identified that the service meets the Ngā Paerewa Standard and has been awarded a continuous improvement award for the provision of the activities programme.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Elms Court Village provides an environment that supports resident rights and safe care. Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code) and these are upheld. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is in place and the service has links with a Pacific community group who will provide support for Pasifika peoples when required. The informed consent process is well understood and implemented by staff. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected and upheld by the service. Complaints processes are implemented and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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There is a documented business plan for 2024-2025 that includes a mission, philosophy and objectives. The service has effective quality and risk management systems in place with internal audits and meetings occurring as scheduled. Internal audits and collation of data were all documented as taking place as scheduled with corrective actions as indicated. A health and safety programme is implemented. Hazards are managed appropriately. Human resources policies cover recruitment, selection,

orientation, and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and included skill mixes. The staffing policy meets contractual requirements and ensures appropriate skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet residents' needs. The service ensures the secure, accessible, and confidential collection, storage, and use of residents' personal and health information.

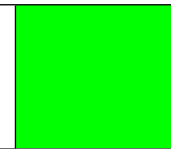
Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The clinical manager and registered nurses efficiently manage the entry process to the service. 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 demonstrate individualised care. The planned activity programme provides residents with a variety of individual and group activities. There are adequate resources to undertake activities at the service. Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent care partners are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed meets prescribing requirements and are 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 are being met. The service has a current food control plan. Residents are 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 haumaruru | Person-centred and safe environment

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

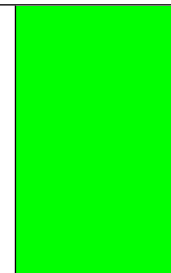


Subsections applicable to this service fully attained.

The building has a current warrant of fitness. The building and grounds are well maintained. Equipment is checked and maintained. There is an approved evacuation scheme. Security checks are done to ensure the building is secure at night. There is sufficient drinking water, food and supplies in the event of a disaster. There is a generator on site for the facility if there is a power failure.

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 infection prevention and control and antimicrobial stewardship programmes are tailored to the service's size and complexity. These programmes are approved by the owners/directors and integrated into the quality improvement system. There is a documented outbreak response plan. The facility has adequate resources and personal protective equipment, and staff are appropriately trained. The clinical manager oversees infection surveillance, sharing infection control data with staff, and ensures that general practitioner and external consultant recommendations are implemented. Policies and processes for managing waste, infectious, and hazardous substances are confirmed through document review and staff interviews. The effectiveness of laundry and cleaning processes is monitored via the internal audit system and ongoing management observations. There was one outbreak documented since the previous audit and was notified and appropriately managed.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.

Subsections applicable to this service fully attained.

There is governance commitment to maintain a restraint-free environment. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. There were no residents using restraint at the time of the audit. The 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	27	0	0	0	0	0
Criteria	1	170	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>There is a Māori health plan and policy that describes the Māori perspectives of health and a commitment to Te Tiriti o Waitangi. Elms Court Village has established connections with local iwi through their cultural advisor. The village manager reported during interview that they can access cultural support and guidance from their cultural advisor. There were no residents identifying as Māori at the time of the audit.</p> <p>The business plan reviewed evidence leadership commitment to ensure all aspects of service delivery is culturally safe. The recruitment policy includes provision of an equitable recruitment process. There were no staff identifying as Māori at the time of the audit. The village manager stated that they support a culturally diverse workforce and will interview Māori applicants when they do apply for employment opportunities.</p> <p>Staff received training on Te Tiriti o Waitangi, Māori health policy, tikanga practices and te reo Māori. Self-determination, cultural values and beliefs of Māori residents and family/whānau are documented in the resident care plan. All staff have access to relevant Tikanga guidelines. Te Reo Māori is encouraged to be used in general conversations. Interviews with ten staff including three registered</p>

		nurses (RNs), three care partners (caregivers), one diversional therapist (DT), one cleaner, one kitchen manager and one maintenance person confirmed that mana motuhake is respected and they are well-equipped to deliver equitable services.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>There is a Pacific health plan in place, which documents care requirements for Pacific peoples to ensure culturally appropriate services. The plan includes the Fonofale model of care for use with Pacific peoples. There were no residents who identified as Pasifika at the time of the audit. Engagement with Pacific community groups is facilitated by the Pacific staff members. On admission, ethnicity information and Pacific people's cultural beliefs and practices that may affect the way in which care is delivered is documented.</p> <p>Interviews with the village manager, clinical manager and the staff confirmed that they understood the equity issues faced by Pacific peoples and can access guidance from people within the organisation around appropriate care and service for Pasifika. There are equitable recruitment and education processes to recruit and upskill Pacific staff.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed on posters and brochures available in te reo Māori on entry to the facility. Brochures on the Code and the Nationwide Health and Disability Advocacy Service are also available. The village manager and clinical manager discuss the Code with residents at admission.</p> <p>The village manager confirmed the involvement of independent advocacy when required. Bi-monthly resident meetings provide a valuable platform for residents to voice their preferences regarding various aspects of the home, including food and activities. The meeting minutes evidenced residents' wishes are conveyed to management. Documented evidence shows that the service follows up on raised issues. The service actively supports and encourages family/whānau engagement and welcome visits.</p>

		<p>Interviews with six residents (four rest home residents and two residents at hospital level of care), four family/whānau (one rest home resident's family/whānau and three family/whānau of residents' at hospital level of care) and staff confirmed that staff are respectful and considerate of residents' rights in line with the Code. The village manager and clinical manager affirmed their commitment to respecting and upholding Māori autonomy and mana motuhake which was confirmed by staff interviewed. Three younger persons on a younger person with disability contract (YPD) and two of their family/whānau interviewed confirmed that the services being provided are in line with the Code.</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>Resident file reviews and interviews with staff, residents and family/whānau confirmed that Elms Court Village is inclusive of each resident's identity, including their values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristic. Staff were observed to maintain privacy throughout the audit. All residents have a private room. Care plans included respect for advance directives and personal wishes, as well as efforts to promote independence. Residents affirmed that their personal priorities are supported, which was observed during the audit and reflected in individualised care plans. A sexuality and intimacy policy is in place with training part of the education schedule. Staff could describe supporting the YPD residents to participate in a range of community events and activities consistent with their needs. Younger residents interviewed describe how they are able to maintain their personal, gender, sexual, cultural, religious and spiritual identity.</p> <p>In interviews, staff demonstrated their understanding of the principles of Te Tiriti o Waitangi and how to apply these in their daily work. Māori cultural days are celebrated and include Matariki and Māori language week. Staff received training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori. Staff were observed to use person-centred and respectful language with residents. Spiritual needs are</p>

		<p>identified, church services are held and spiritual support is available. The RNs and care partners interviewed explained how the service meets the residents cultural and spiritual needs. Te reo Māori signage was visible throughout the facility and staff have access to the Māori health plan, which they reference and implement regularly in their daily activities.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>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.</p>	FA	<p>Staff demonstrated a clear understanding of the service’s policy on abuse and neglect, including the appropriate actions to take if any signs were observed. The audit found no instances of discrimination, coercion, or harassment in staff, resident, or family/whānau interviews, or in the reviewed documentation. Staff sign a code of conduct upon commencing employment. Staff demonstrated an understanding of what Te Tiriti o Waitangi means to their practice. Residents interviewed reported that their property is respected, and professional boundaries are consistently maintained. The service follows a process of managing residents’ finances through invoicing.</p> <p>The resident satisfaction survey revealed high levels of satisfaction relating to a safe home environment. Interviews with staff and management confirmed their commitment to fostering a positive, inclusive, and safe working environment. They are encouraged to address issues of racism and acknowledge their own biases, ensuring a supportive and equitable workplace. Staff interviewed expressed confidence in raising concerns about institutional and systemic racism, knowing that such concerns would be addressed. A strengths-based and holistic model of care is implemented ensuring wellbeing outcomes for Māori is achieved when in care.</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. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p>	FA	<p>Information related to the service and what to expect when entering the service is provided to family/whānau on admission. Non-subsidised residents’ family/whānau are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. Residents and family/whānau interviewed provided</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>positive feedback, noting that communication is open and effective, and they felt listened to. They expressed the ability to raise concerns with staff and management and consistently felt heard and understood. Review of fourteen adverse event forms confirmed that family/whānau were notified of any events or incidents. The contact details for family/whānau and the Enduring Power of Attorney (EPOA) were kept current, with a secondary contact noted when the EPOA was unavailable.</p> <p>A general practitioner (GP) interview confirmed timely communication and appropriate follow ups. A review of the residents meeting minutes confirmed that residents can raise issues with staff and management. These concerns are followed up, and any issues are addressed promptly. Information is provided to residents and family/ whānau on admission. The clinical manager described an implemented process around providing residents and family/whānau with time for discussion around care, time to consider decisions and opportunity for further discussion, if required. The delivery of care includes a multidisciplinary team and family/whānau are communicated to with regard to services involved. Elms Court Village has access to interpreter services and cultural advisors/advocates when required. At the time of the audit one resident could not speak and understand English. Younger residents and their family/whānau interviewed stated the facility supports residents with their communication needs, their devices and assist to maintain family/whanau connections.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make</p>	<p>FA</p>	<p>There are policies documented around informed consent. Informed consent processes are discussed with residents and family/whānau on admission. Eight resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares are included and signed as part of the admission process. Specific consent has been signed by the resident or their EPOA for procedures such as influenza and Covid-19 vaccines, and other clinical consents. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care. The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement</p>

<p>informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>of family/whānau in decision making, where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' file and is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity is on file.</p> <p>An advance directive policy is in place. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the GP has made a medically indicated resuscitation decision. There is documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their family/whānau. Discussions with the care partners and RN confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around the Code, including informed consent. The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care. The RNs and clinical manager have a good understanding of the organisational processes to ensure Māori residents involve the family/whānau for collective decision making. Support services for Māori are available.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The village manager and clinical manager interviewed stated they have a good understanding of including residents and family/whānau in decision making and maintains a complaints file containing all appropriate documentation. There have been eleven complaints made in 2024, since the last audit in November 2023. Complaint related documentation reviewed evidence, a process is in place to manage complaints in accordance with guidelines set by the Health and Disability Commissioner (HDC). Complaints (except one) has been closed off and the complaints process links to the advocacy service. One complaint was made through HDC in November 2024 and has been investigated by the village manager, the service are awaiting a further response from HDC.</p>

		<p>The welcome pack includes comprehensive information on the process for making a complaint. Interviews with residents and family/whānau confirmed they have been provided with information on the complaints process. Complaint forms are easily accessible at the entrance to the facility. The complaints process is equitable for Māori. The village manager and clinical manager are aware of the preference for face-to-face communication with people who identify as Māori. Residents and family/whānau interviewed confirm the management are responsive, open and transparent in their communications and staff clearly explained the complaint process, ensuring they knew how to raise any concerns.</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>Elms Court Village is certified to provide rest home and hospital (geriatric and medical) level care for up to 78 residents including 52 beds in the care centre and 26 certified studio apartments. Forty beds are designated as dual-purpose which includes a maximum of 10 hospital level residents in the studio apartments. At the time of the audit there were 72 residents: 23 hospital level care (with ten in the studio apartments) and 49 rest home level care (with 11 in the studio apartments). One hospital resident was on a palliative care contract and five residents (three rest home and two hospital) were on a YPD contract, one rest home resident was on respite care and two rest home residents were on long term support-chronic health care (LTS-CHC) contract. All other residents were funded through the age-related residential care (ARRC) contract. There was one double room which was being used as single occupancy and no shared rooms. The support auditor also participated in the role as consumer auditor for this audit.</p> <p>Elms Court Village has a 2024-2025 business plan that includes a mission, philosophy and objectives of the service. The business plan is regularly reviewed against a set of business and quality goals, as part of the quality improvement meeting. Elms Court Village is one of four aged care facilities owned by the village manager (interviewed) and a second (silent) partner. The village manager has owned and operated aged care facilities for 14 years. The village manager is responsible for the day to day operations of the facility. The village manager is supported by an experienced clinical manager who has</p>

	<p>been the role for two and a half years. There is also an assistant manager who at the time of the audit was relieving as a clinical manager at another sister facility.</p> <p>The village manager and clinical manager are knowledgeable around contractual and legislative requirements and completed cultural training. The clinical manager reports to the village manager. There are regular management meetings related to day-to-day operational activities and reporting on the quality and risk management programme, including meetings; training; health and safety; infection prevention and control; staffing; internal audits; complaints (if any); cultural safety; and survey results. Auditors observed the village manager actively interacting with residents and family/whānau, demonstrating their thorough understanding of the daily operations of the service. The village manager attends the quality improvement meetings.</p> <p>The village manager and management team have an understanding in Te Tiriti o Waitangi and health equity, have completed cultural training and supports meaningful inclusion of Māori and ensures the organisation's values and goals reflect the needs of Māori. Interviews with the village manager and clinical manager confirmed the management team analyse internal processes, business planning and service development to improve wellbeing outcomes for Māori and tāngata whaikaha people with disabilities. The business plan supports outcomes to reduce barriers to services and achieve equity for Māori.</p> <p>Māori consultation ensures policies and procedure represents Te Tiriti partnership. Māori advice can be sought when required through the organisation`s cultural advisor. Residents are encouraged to participate in the planning and evaluation of the service through general feedback, annual surveys and bi-monthly resident meetings.</p> <p>The village manager has completed professional development activities related to managing an aged care facility including attending regular aged residential care forums and online training. At the time of the audit, clinical governance is managed and overseen by the clinical manager. The clinical manager also meets regularly with another clinical manager from a sister facility (who also act as the clinical director for the four facilities) for peer support and discussions related</p>
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		to the clinical oversight at Elms Court Village.
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Elms Court Village has implemented a quality and risk management programme that includes performance monitoring through internal audits, meetings and the collection of clinical indicator data. A meeting schedule is implemented and evidence staff participation in the quality programme. Internal audits are conducted according to the schedule, and any corrective actions identified are used to enhance service delivery. Internal audits include clinical monitoring against the policies. Resolved issues are signed off and discussed at staff meetings. Quality data on infections, restraint use or lack of it, incidents, and wounds is collected, analysed, and reviewed at the bi-monthly quality improvement meeting, RN/clinical meeting and staff meetings. Data are compared to previous months and plans are developed to respond to any areas of concern. Progress with the quality programme/goals has been monitored and reviewed through the RN/clinical meetings. A continuous improvement rating has been awarded at this audit for the provision of the activities programme.</p> <p>Resident and family/whānau satisfaction surveys are conducted annually with the 2025 results indicating high levels of satisfaction with the service. Policies and procedures are current and reflect good practice being embedded throughout service delivery and maintained in electronic format. Staff have confirmed they can access policies as needed. Cultural safety is reflected within the quality programme with collation of ethnicity data related to adverse events and infections. The process provide for critical analysis of organisational practices to improve health equity. Staff undergo comprehensive cultural training on Te Tiriti o Waitangi, tikanga Māori, and health equity and are well-equipped to deliver high-quality healthcare for Māori.</p> <p>Each incident/accident is documented in the resident management system. Fourteen adverse event forms were reviewed and indicated the forms are completed in full and signed off by a RN or clinical manager. Incident and accident data is collated monthly and reported in the bi-monthly meetings. Each event involving a resident, reflected a clinical assessment and a timely follow-up by a RN. Family/whānau are notified following incidents. Opportunities to minimise future risks</p>

		<p>are identified by the clinical manager and RN. Health and safety meetings occur bi-monthly. There are health and safety representatives that monitor hazards and risks. Hazards are documented and addressed. Staff receive education related to hazard management and health and safety at orientation and annually. The hazard and risk register was reviewed in April 2024. The bimonthly quality improvement meetings minutes evidence leadership commitment to health and safety and staff wellbeing.</p> <p>Discussions with the village manager and clinical manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications, including reporting requirements to the Health Safety and Quality Commission. There have been five incidents requiring Section 31 notifications to be submitted since the last audit; one resident fall resulting in a fracture (February 2025), one resident unexpected death (July 2024), one medication error/discrepancy (December 2024) and two suspected deep tissue pressure injuries (May and June 2024) and an RN shortage was reported for the week beginning 11 March 2024 for one shift. There was one norovirus outbreak reported in March 2024. This was appropriately notified, managed, and staff were debriefed after the event to discuss lessons learned. Notification for a temporary village manager for one month during 2024 was reported.</p> <p>The village manager confirmed on the day of the audit and thereafter the request for certification for residential disabilities was completed and forwarded to HealthCERT. This notification was not sighted.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There are policies and procedures that describe safe staffing levels and skill mixes to provide culturally and clinically safe care. The village manager and clinical manager both works fulltime from Monday to Friday. Staff interviewed reported adequate staffing and appropriate support from the clinical manager and RNs. Residents and family/whānau interviewed and residents meeting minutes reviewed did not raise staffing issues and confirmed that staff are attentive to resident's needs. There is at least one RN on duty 24/7. All RNs are first aid trained to ensure at least one first aid trained staff</p>

		<p>member on duty 24/7.</p> <p>The clinical and non-clinical rosters reviewed evidence staff are replaced in the event of any absences. Staff reported absences are covered by a casual pool and part time employees. Nursing agency staff have not been used. A sufficient number of care partners are allocated according to the layout and design of the facility to ensure residents needs are met. The clinical manager provides an on-call service for any clinical issues with support from the RNs. The village manager is available for any operational related matters after hours. A selection of care partners are medication competent and assist with certain delegated tasks to support RNs in their clinical decision making.</p> <p>The service has a total of 64 staff in various roles There are 29 care partners employed in total. Elms Court Village supports all employees to transition through the New Zealand Qualification Authority (NZQA) certificate for health and wellbeing. Twenty two care partners have achieved either a level three or level four NZQA qualification. There is an annual education and training schedule in place, this has been fully implemented to date and covers all mandatory training. Staff reported they are provided with training on an online platform, formal face to face and impromptu toolbox training. Younger person disability training was specific to the YPD resident's needs and include privacy; behaviour; pain; sexuality/intimacy; person centred care and culture. Components of the training reflects the principles of Enabling Good Lives.</p> <p>Staff undergo comprehensive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, which builds their knowledge and awareness of the importance of addressing accessibility barriers. This training, health literature resources, and cultural connections ensure that all staff are well-equipped to deliver high-quality healthcare for Māori. Staff training records showed that they completed the required training and staff interviewed were knowledgeable around these subjects.</p> <p>All staff are required to complete competency assessments as part of their orientation and include hand hygiene, use of personal protective equipment (PPE) and manual handling and transfer. Staff who administer medication complete annual medicine competency and a</p>
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		record of completion is maintained. There are eight RNs (including the clinical manger) and four RNs are interRAI trained. Registered nurses complete syringe driver training and palliative care training. Staff reported a positive work environment and an employee assistance programme is available to them, when required.
<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>There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Eight staff files including one clinical manager, one RN, four care partners, one diversional therapist and one kitchen manager were selected for review, which evidenced recruitment processes are being implemented and includes reference checking, qualifications, employment contract, and job descriptions. A register of practising certificates is maintained for all health professionals. Staff interviewed were knowledgeable around their individual job descriptions, responsibilities, and accountabilities. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice.</p> <p>Competencies are completed at orientation and then as part of the ongoing education plan. Elms Court Village demonstrated that the orientation programme supports RNs, care partners, cleaning, and laundry staff to provide a culturally safe environment to Māori. Staff performances are scheduled and completed as they become due as sighted in four staff files. All staff files were kept secure and confidential. Staff ethnicity data is collected and recorded. The results of annual staff satisfaction survey and staff interviews indicate that staff feel supported in their roles. Communication and teamwork were rated as satisfactory and staff feel comfortable discussing any issues with the clinical manager, RNs or village manager. The clinical manager reported that a debrief and discussion occur following any incidents.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively</p>	FA	Resident records, including medication management system and staff files, are stored electronically. There is a resident management system and a medication management system that are secure and

<p>and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>require user identification and passwords to access. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents and staff archived files are securely stored in a locked room and easily retrievable when required. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Comprehensive policies are in place to guide management around admission and declining processes, including the required documentation. Residents who are admitted to the service have been assessed by the needs assessment and service coordination team (NASC) to determine the required level of care. The village manager and clinical manager jointly screen prospective residents. The clinical manager reported they had not declined entry for any prospective residents. If entry were to be declined, there would be close liaison between the service and the referral team. The prospective resident would be referred back to the referrer and data would be collected regarding the reason for declining the person. The clinical manager described reasons for declining entry would only occur if the service could not provide the required service the prospective resident required, after considering staffing and the needs of the resident. The other reason would be if there were no beds available.</p> <p>A record of residents who enter and those who were declined entry, is maintained. The village manager advised that the facility collects ethnicity data for the purpose of collecting admission and decline data. The service has an information pack relating to the services provided at Elms Court Village, which is available for family/whānau prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. The facility provides a person and whānau-centred approach to services. Interviews with residents and family/whānau all confirmed</p>

		<p>they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The organisation has links with local iwi and staff are trained in cultural safety, tikanga and consulting whānau in any decision making. Strategies to reduce barriers for Māori entering the service include promotion of the use of te reo Māori in activities and in signage throughout the facility. There were no residents who identified as Māori. Cultural support is available through a cultural advisor who has a close affiliation with a local iwi and is available to residents and whānau to provide supports as required.</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>FA</p>	<p>Nine resident files were reviewed, including five rest home (including a YPD, LTS-CHC and one on respite care) and four hospital residents (including one end of life care). All files included an initial assessment which is completed on the day of admission by the RN. The initial assessment includes the use of validated assessment tools. From the initial assessments, an initial care plan is developed that outlines the resident's needs. Family/whānau interviewed confirmed they were involved in the initial assessment and care planning process. The RN completes interRAI assessments for all residents including LTS-CHC; however, not for residents on a YPD or end of life care contract. The clinical manager confirmed that Te Ara Whakapiri is used for last days of life.</p> <p>Within three weeks of admission, a detailed long-term care plan is developed which covers all medical, social, cultural, and spiritual needs and preferences and care for individual medical conditions. Long-term care plans are reviewed at six-monthly intervals following the interRAI reassessment by the RN. Family/whānau and residents interviewed confirmed they are involved in care plan reviews. The RN consults care partners, DT and the activities coordinator when reviewing care plans. Where new needs are identified or the condition of a resident changes, the care plan is updated to reflect progress towards goals and current needs. Short-term care plans are used to address short-term needs such as wounds or infections. Between shifts there was a comprehensive handover (observed) and any concerns are communicated. Progress notes are documented by staff</p>

		<p>every shift.</p> <p>Medical care is provided by the resident's GP who does an initial assessment within five working days. Reviews occur at least three-monthly or sooner if needed. The GP practice and the after-hours service provide out of hours medical support. Two GPs from different practises visit the facility once a week to undertake three-monthly medical and medication reviews and to see those who needed to be assessed sooner than three months. If the GP is away on leave or requires cover then another GP will provide the service. If there were any changes to medications, the GP stated they would talk to the family/whānau. They were also involved in advanced care planning discussions with family/whānau and residents. The GP confirmed staff communicate with them in a timely manner if the condition of a resident changes. A sample of resident's files reviewed evidenced six weekly podiatrist visits for diabetic residents and others if required. A physiotherapist visits for four hours a week and assess residents post falls and assess mobility and transfer needs. A physiotherapy assistant is employed for four hours a day, four days a week.</p> <p>The DT or activities coordinator completes an assessment of hobbies, interests and life experiences and uses this information to develop a care plan for group and individual activities. All files reviewed included information about the residents' life experiences and significant events. This information is obtained from the resident and their family/whānau. The care plan for residents on YPD contracts reflect their goals, aspirations and level of independence and ongoing support to be involved in the community. The service promotes access to their family/whānau and friends.</p> <p>Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following all un-witnessed falls. Monitoring of care is completed as required, stated in the care plans and include (but not limited to) intentional rounding, behaviour monitoring, regular toileting, repositioning, and food and fluid management.</p> <p>At the time of the audit, there were twenty-four wounds this included one stage two pressure injury, skin lesions, skin tears and a surgical wound were being treated. Wound care plans were in place, with wound evaluations being done at each dressing change. The RN</p>
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		<p>confirmed when needed they could refer more complex wounds to the nurse specialist. This was evidenced in the file of one resident with a complex wound.</p> <p>The Māori health and cultural safety policy requires staff to follow tikanga best practice and to consult Māori and their whānau during all stages of service delivery. It specified services are to be free of discrimination and there are to be no barriers for Māori receiving services. The RNs interviewed described removing barriers so all residents have access to information and services required, to promote independence and working alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The service employs an experienced full time diversional therapist with a background in youth ministry and teacher training. The activities coordinator also works full time, and the team jointly provide a wide range of activities over a seven day week. Activities assessments are completed within 21 days of admission using a social and activities profile. These are used to form the basis of the activities care plan. Activities care plans are reviewed at least six-monthly. Monthly progress notes and activity attendance records are maintained.</p> <p>There are a range of activities appropriate to the resident's cognitive and physical capabilities. Activities include physical, cognitive, creative, and social activities. The weekly activities calendar includes celebratory themes, events, and a wide range of activities that includes (but not limited to): art and craft; bowls; housie; shopping; church services; walks; happy hour; pet therapy; newspaper reading and musical activities. The service has been awarded a continuous improvement related to a `fit for life` programme which has evidenced positive results for a group of residents. The diversional therapist stated the calendar was flexible to allow for inclusion of spontaneous events.</p> <p>The service facilitates opportunities for Māori to participate in te ao Māori through the use of te reo Māori in dual language signage, guest</p>

		<p>speakers; arts, and crafts (poi making), kapa haka from local school children, quizzes, and Māori celebratory events. The service encourages staff to support community initiatives as and when they eventuate, including those that meet the health needs and aspirations of Māori and whānau. This was evident in connections with local churches and schools.</p> <p>Residents who choose not to participate regularly in group activities are visited one-on-one. Community visitors include entertainers, pastoral care, church services visits, school/ preschool children and pet therapy. The service has a van available for weekly (or more often) outings. Themed days such as Matariki, Waitangi, and ANZAC Day are on the programme and celebrated with appropriate resources available. Residents are encouraged to attend local friendship clubs and enjoy the opportunity to listen to regular speaker events. Residents and family/whānau interviewed stated the activity programme is meaningful and meet their individual needs.</p> <p>There are bi-monthly resident meetings in each area. Family/whānau are invited to attend these. Family/whānau interviewed confirmed they find the meetings helpful for finding out what is happening in the facility and have an opportunity to provide feedback if necessary. Residents can provide feedback on activities at the meetings and six-monthly reviews. The younger residents join in the activities if they want to and were observed participating in the lounge at the time of the audit. Younger residents are supported to maintain links with the community, access the internet, public amenities such as the local library and swimming pool, and supported to communicate with their family/whānau.</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</p>	<p>FA</p>	<p>Medication management is safe and meets 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 and care partners interviewed could describe their role regarding medication administration. Elms Court Village uses robotic rolls for medication for regular use and blister packs for as</p>

<p>current legislative requirements and safe practice guidelines.</p>		<p>required' (PRN) medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications are stored securely in the main medication rooms and the nurses` station. Medication trolleys are locked when not in use. The medication fridge and medication room temperatures are monitored daily. All temperature records reviewed showed that the temperatures are 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 GP and charted on the medication chart. The six-monthly controlled drug physical check and reconciliation has been completed as per required timeframes.</p> <p>Seventeen electronic medication charts and one paper based chart were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly, and each chart has a photo identification and allergy status identified. There was one hospital resident fully self-medicating their regular medications on the days of audit. A further eight residents partially self-administer inhalers or Panadol. The residents had medication competencies on file, which had been reviewed three-monthly. Medications are stored appropriately in locked containers. The facility follows documented policies and procedures should a resident wish to administer their medications.</p> <p>As required medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication competent care partners or RNs sign when the medication has been administered. There are no standing orders used. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects, this is documented in the progress notes. The RNs described the process to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes for Māori and tāngata whaikaha people with disabilities. Residents and their family/whānau are supported to understand their medications when required.</p>
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<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 18 February 2026. Dry ingredients were all in original containers with the expiry date visible. The service employs a kitchen manager and a weekend cook and kitchen hands in the morning and afternoon. A cook assistant is rostered every day. There is a food services manual available in the kitchen. All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines.</p> <p>The kitchen meets the needs of residents who require special diets. The menu has been approved by a registered dietitian, with the last menu review completed December 2024. The menu is available on a notice board outside the dining room, provides variety, and allows a choice of meals; likes and dislikes are catered for. The kitchen manager receives residents` dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The kitchen manager (interviewed) is aware of resident likes, dislikes, and special dietary requirements and resident profiles had been reviewed and updated as required. Residents have access to nutritious snacks at any time of the day or night. On the day of audit, meals were observed to be well presented and the dining experience and environment to be safe and pleasurable.</p> <p>The kitchen manager stated they are able to implement menu options for Māori residents and consult with residents on their food choices. The kitchen manager interviewed understood tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. Tapu and noa and their relevance to kitchen services were included in kitchen staff orientation and ongoing education.</p> <p>Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained as evidenced on signed monitoring schedules. Meals are directly served from bairnaries to residents in the dining rooms or transported on trays (with covers) to their rooms. Residents were observed enjoying their meals.</p>

		<p>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. Food services staff have all completed food safety and hygiene courses. The residents and family/whānau interviewed were overall happy regarding the food service and the variety and choice of meals provided. Residents confirmed open communication with the kitchen manager and consultation on cyclic menu changes. They can offer feedback individually, at the resident meetings, suggestion box and through resident surveys.</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>	<p>FA</p>	<p>Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a higher level of care. Discharge and transfer are planned processes that are communicated with residents and their family/whānau. Residents and family/whānau are advised of options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested. When residents are transferred to the public hospital, their family/whānau is informed. The GP makes the referral to hospital. Relevant documentation is sent with the resident, including a printout of their current medications, care needs and a copy of enduring power of attorney documents.</p> <p>Where residents wish to be or need to be seen by another health service, referral is made. Examples of this were sighted in resident files, including referrals to the wound nurse specialist at Nurse Maude. Registered nurses complete a Nurse Maude referral and send this with a photograph of the wound. The nurse specialist decides if they needed to consult with the resident in person or send instructions for the management of the wound, if it is considered non-complex. Residents attending external appointments are encouraged to be accompanied by their family/whānau, especially those residents with cognitive impairment. Any risks are communicated to the external health provider by the RN and documented in the file.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness which expires 1 July 2025. The maintenance person works four days a week from Monday to Thursday. There is a maintenance request book for any 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, medical equipment checks, call bell checks and monthly testing of hot water temperatures. Medical equipment checks and calibration of clinical equipment was checked in October 2024. Testing and tagging of electrical equipment was completed in February 2025. Hot water temperatures are monitored and managed below 45 degrees Celsius. Corrective actions are completed for any temperatures above the required threshold. Essential contractors/tradespeople are available 24 hours as required. There are adequate storage areas for the hoist, wheelchairs, continence, wound products and other equipment. Care partners interviewed stated they have adequate equipment to safely deliver care for rest home level of care, hospital level of care and younger persons with disabilities.</p> <p>The facility has two dining areas. The main dining room is adjacent to the kitchen and open plan with doors that open out to a garden with outdoor seating and shade. There is an open plan dining and lounge area for the studio apartment residents and a satellite kitchen. There are alternative small lounge areas where more dependent residents have meals if they require more assistance. There is a main activity lounge and smaller lounges and seating areas available including an internal atrium lounge with skylights for natural light. There are seating alcoves throughout the facility. There is safe access to the three courtyards and gardens. All communal areas are easily accessible with ramp access for residents with mobility aids. All bedrooms and communal areas have ample natural light and ventilation. There is underfloor heating and ceiling panels which is centrally adjusted. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required.</p> <p>The external courtyards and gardens have seating and shade. There is safe access to the outdoors. All studio apartments have full ensuites. Some resident rooms in the care centre have full ensuites</p>
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		<p>and other rooms have toilet and hand basin ensuites. There are sufficient number of communal bathrooms/showers within the facility, with privacy locks and privacy curtains. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. There is one double room in the rest home wing which currently has single occupancy. There is sufficient space in all areas (including the studio apartments) to allow care to be provided and for the safe use of mobility equipment. There is adequate space for the use of a hoist for resident transfers as required. The rooms are suitable for younger persons with disability with powered mobility equipment. Care staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed during the time of the audit.</p> <p>The service has no plans to expand or alter the building. The village manager interviewed were aware of their obligations to consider how designs and the environment reflects the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service, dated 23 April 2007. A fire evacuation drill is repeated six-monthly with the last one being held on 12 December 2024. There is an up to date residents' list that include support required from staff, in an event of an emergency. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. There are civil defence supplies available which are checked six monthly and last reviewed in January 2025. There is a generator (petrol) on site for the facility if there is a power failure. There are adequate supplies in the event of an emergency, including 3,000 litres of stored water in ceiling tanks, sufficient for three litres per resident for seven days.</p> <p>There is sufficient food stocks for three days if needed. Alternative cooking facilities are available for any power outage including two</p>

		<p>BBQs and gas hobs in the kitchen. Emergency management is included in staff orientation and is also ongoing as part of the education plan. There is a first aid trained staff member on duty 24/7. The call bell system is monitored for response times. Call bells are in residents` rooms, toilets and lounge/dining areas. Residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. The service utilises security cameras throughout the facility, located at the main entrance, car park, hallways, nurses` stations and exit doors. Staff complete regular security and safety checks overnight.</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>The infection prevention and control programme and antimicrobial stewardship programmes are appropriate to the size and complexity of the service, is approved by the clinical director and is linked to the quality improvement system. Management receive information related to infection prevention and control data, including the annual review of the programme. This was confirmed in an interview with the village manager. The clinical manager is the infection prevention and control coordinator and oversees infection control and prevention programme and work closely with the group clinical director and village manager/owner. Significant events are escalated appropriately and discussed at the bimonthly quality improvement meetings. The service has access to an infection prevention and control clinical nurse specialist from Health New Zealand. The village manager (owner) stated their commitment to risk management and the provision of support. The service uses benchmarking data to monitor their own performance.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe.</p>	<p>FA</p>	<p>The infection prevention and control programme and antimicrobial stewardship programmes is linked to the quality improvement system and reported on annually. The clinical manager is the infection prevention and control coordinator and oversees the infection control and prevention programme and work closely with clinical director. There are clearly documented roles and responsibilities related to the</p>

<p>Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>infection control coordinator role.</p> <p>The infection prevention and control coordinator has completed external training around infection prevention and control and has appropriate skills, knowledge, and qualifications for the role. The infection prevention and control policies have been developed by an external expert and approved by the clinical director. The procedures and policies reflect the requirements of the standard and are based on current accepted good practice. The infection prevention and control coordinator has input into clinical policies that may impact on HAI risk.</p> <p>Staff are familiar with policies through comprehensive training provided during orientation and ongoing education sessions, consistently demonstrating adherence to these policies. Residents and their family/whānau receive infection prevention and control education tailored to their needs, particularly rest home level care residents who independently undertake community visits and are informed about respiratory illnesses. Infection rates are presented and discussed at quality improvement meetings and staff meetings.</p> <p>Single use medical devices were not reused and were safely and correctly disposed of. Reusable items were cleaned and sterilised using equipment which is used in line with manufacturers' guidelines, and which was audited to ensure safe working state and regular decontamination. There is a pandemic plan. An outbreak response plan is documented and has been regularly tested. There were sufficient resources and PPE available at the facility, and staff have been trained accordingly. Documented evidence showed infections were reviewed with GPs. Residents and staff are offered influenza and Covid-19 vaccinations. Visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility.</p> <p>The service provides te reo Māori information around infection prevention and control for Māori residents. The policy and procedures provide guidance around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. The staff interviewed described implementing culturally safe practices in relation to infection prevention and control. The village manager understands the process of involvement should there be plans for development and ongoing refurbishments of the building. The clinical manager, the infection prevention and control coordinator procure all equipment and</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Elms Court Village has an antimicrobial use policy and procedure suitable for the size, scope, and complexity of the resident cohort. The AMS programme has been developed by an external consultant and approved by the clinical director. The clinical manager, RNs and GPs monitor compliance with antibiotic and antimicrobial use by evaluating medication prescribing charts, prescriptions, and medical notes, adhering to recognised New Zealand Antimicrobial Stewardship Guidelines. Infection rates, quality and quantity use of antimicrobials are monitored monthly and presented at various meetings; any improvements required are documented and evaluated. One hospital level resident is on a as required prophylactic antibiotic, the GP has reviewed this and deemed it to be appropriate. No other residents use prophylactic antibiotics and these are actively discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of infections is appropriate for the size and complexity of the service. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data includes ethnicity, and is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at all relevant meetings, improvements are made where required. Significant events are appropriately escalated to the clinical director using a risk based approach.</p> <p>The clinical manager oversees the infection surveillance programme. Infection prevention and control data is shared with the facility's staff, and any recommendations from the GP and external consultants are followed up. Infection prevention and control data, along with any relevant issues, are communicated to residents and family/whānau as needed.</p> <p>There has been one norovirus outbreak in March 2024. Elms Court Village staff adhered to its outbreak management plan and notified the</p>

		local public health authority. Clear communication pathways, including daily outbreak meetings and updates to residents, family/whānau and staff, were established. There was sufficient PPE stored, and extensive debriefing and training sessions were conducted following the outbreak.
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>There are policies and processes for the management of waste and infectious and hazardous substances and interview with staff confirmed that policies and procedures are implemented. Laundry and cleaning processes are monitored for effectiveness via the internal audit system and ongoing observations by the management. Staff involved in laundry and cleaning services have completed relevant training. Chemicals were stored securely, and a closed chemical dispensing system is used. Material safety and data sheets are available. Housekeeping services are rostered daily and have task cards to guide their daily work. On the days of the audit, housekeepers were observed around the facility.</p> <p>All laundry is completed on site. Linen cupboards had sufficient linen and towels. The laundry has a dirty to clean flow. There are three sluicing facilities with appropriate PPE. There are dedicated laundry staff who manage all personal and facility laundry services. Care partners stated that they received training on operating the washing machines and knew how to manage personal laundry. Staff were aware of prevention of cross contamination and use of PPE. Both residents and their family/whānau reported no issues with the laundry and cleaning services, noting that the facility is very clean. Any concerns raised in the residents' meetings are promptly followed up, and actions are taken to address them. The infection prevention and control coordinator provides support to maintain a safe environment during any construction, renovation and maintenance activities.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from</p>	FA	<p>The restraint policy and business plan confirm that Elms Court Village is committed to maintaining a restraint-free environment. Strategies implemented include working in partnership with family/whānau to ensure the service maintains the dignity of the resident, while using</p>

<p>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.</p>		<p>the least restrictive practice. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. The directors are committed to providing services to residents without the use of restraint. The restraint coordinator is the clinical manager. The clinical manager described the organisation's commitment to maintain a restraint free environment.</p> <p>The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. At the time of the audit, there were no restraints in use at Elms Court Village. Restraint free strategies are discussed in the bi-monthly quality improvement and RN/clinical and staff meetings. Restraint minimisation training is included as part of the annual mandatory training plan and induction booklet. Education has been completed. Elms Court Village completes audits related to restraint use. There is a documented restraint policy that stated that in the event that all other alternatives have been unsuccessfully trailed, restraint may be used as a last resort to ensure the physical safety of an individual resident. The guidelines provide for restraint minimisation and elimination include assessment, authorisation and monitoring of the type of restraint. The service has access to a resident advocate should restraint be considered.</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.

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
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people’s strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	<p>CI</p>	<p>The service provides an environment that encourages quality initiatives where a review process including analysis and reporting of findings occurred. There is evidence of action taken based on findings that has made improvements to service provision. One of the quality initiatives reviewed include an improved activities programme with a focus on exercise that improve strength and mobility. An achievement of the continuous improvement rating was awarded for implementation of a 12 weeks “Fit for Life” exercise programme that resulted in significant functional improvement from all residents who completed. The project include reviewing if the improvements have had positive impacts on resident safety and/or resident satisfaction.</p>	<p>In early 2024, a selection of residents asked during a residents meeting for a more advanced exercise class that focused more on strength and balance and supported their stated goals of increase individual activity. At that time only routine seated exercise classes which catered for entry level, as part of the activities programme.</p> <p>Following collaboration with the physiotherapist and physiotherapy assistant, the activities staff commenced training in a `whoa to go` exercise programme run by On the Go Physiotherapy. Both staff received qualification as `Whoa to Go` class coordinators and were assess as competent to develop their own programme “Fit for Life.” The programme consists of two exercise levels: an advanced and a basic level. The advanced level differed from the basic (alternative) level in relation to a greater variety and range of movement/motion.</p>

			<p>Before commencing the course, residents were tested to ensure they could safely participate in the 12 week programme. Pre assessments were completed by the activities staff and include included a three metre walk, five sit to stand exercises and a balance test. Fourteen residents enrolled with five residents in the advanced programme and the remainder in the basic(alternative) programme. Post course assessments identified eight completed the course and all have showed improvement in at least two of the three areas assessed. The programme was interrupted for some residents due to changes in health; however, their improvements were documented at the time of programme interruption.</p> <p>Residents received a certificate of completion. Comments from residents and improvements documented as part of the review process include increased motivation, quicker recovery times following ill health, increased walking speed, less falls and improved balance. Two of the participants interviewed at the time of the audit stated the programme made a significant difference to their exercise tolerance and ability and they were very keen to repeat the programme. Another resident felt it had made a difference to how far they could walk and also wanted to repeat the programme. The resident's personal goals were documented as part of their activities programme and mobility goals in the long term care plan.</p> <p>A further programme is planned to start in April this year and twelve residents are enrolled in the next course.</p>
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End of the report.