

# ASLR Limited - Seaview Home

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	ASLR Limited
<b>Premises audited:</b>	Seaview Home
<b>Services audited:</b>	Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 7 May 2025      End date: 8 May 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	25

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
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

ASLR Enterprises Limited, trading as Seaview Home, provides rest home level care for up to 28 residents. Short stay /respite can also be provided subject to availability. Day to day operations are managed the owners/directors who include the clinical/facility manager and the operations manager. The directors purchased the organisation in July 2024, making this their first certification audit. There have been no significant changes since the last audit. The previous owner’s organisational practices have been maintained and improved.

This audit was conducted against Ngā paerewa Health and disability services standard NZS 8134:2021 and the providers agreement with Health New Zealand – Te Whatu Ora. The audit included a review of the documented quality and risk management system, a sample of staff and resident records, interviews with staff, governance, the general practitioner and family/whānau. All related records were viewed on site.

Governance and management demonstrated their continued commitment to meet the requirements of this standard and were well versed with the requirements. No areas of improvement were identified.

## 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.

Mana motuhake was respected. The rest home has close links with the local marae who provide advice and oversight. The Māori health plan is individualised and provides goals and objectives for ensuring equity. Policies and procedures identify the rest homes commitment to the principles of Te Tiriti o Waitangi. A Māori model of health is used during the assessment and care planning process. Whānau are fully involved. The Pacific health plan considered national strategies and Pacific world views.

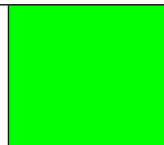
Residents and their whānau are informed of their rights. Residents confirmed that they are always treated with dignity and respect. Consent is obtained as part of the admission process and as required. There was no evidence of abuse, neglect, racism or discrimination.

Residents and whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision making. Advance directives are followed

The complaints and concerns process is equitable, accessible, and managed in a competent and respectful manner.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsections applicable to this service fully attained.

The directors were cognisant with their obligations including Te Tiriti o Waitangi and equity-based approaches. Organisational performance is monitored. The quality and risk management programme is implemented and effective in monitoring regulatory and legislative compliance. Risks are identified, mitigated and monitored. Quality related data is gathered and analysed. The internal audit system is fully implemented and covers the scope of the system. Adverse events were managed as per policy requirements. External reporting requirements are defined and implemented.

Human resource processes align with employment legislation. There are sufficient and suitably qualified staff on duty at all times. All staff are orientated and a ‘buddy’ system is implemented. Professional qualifications, person specifications and mandatory education are defined and monitored. Staff performance is monitored and current, confidential records are maintained.

## 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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Residents are assessed before entry to the service to confirm their level of care. The nursing team is responsible for assessing, developing, and evaluating care plans. Care plans sampled were individualised and based on the residents’ assessed needs, with appropriate interventions in place.

Activities are planned to address the residents’ needs and interests, both individually and in group settings. Activity plans are planned in collaboration with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the existing activities programme.

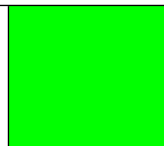
Seaview Home has an electronic medication management system for prescribing and medication administration. The general practitioner is responsible for all medication prescriptions and evaluations. Staff engaged in medication administration are assessed for competency.

The food service is designed to accommodate individualised dietary preferences of the residents. The nutritional requirements of residents are met. Residents are offered extra nutritional refreshments as required.

Referrals to other agencies are completed in a safe and timely manner. Discharge plans are documented.

## 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 environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports the residents' needs. Resident areas are personalised and reflect cultural preferences. Bathroom facilities are well maintained, accessible and conveniently located.

There is a current building warrant of fitness and approved evacuation plan. Maintenance requirements are planned and completed as required. Testing, tagging and calibration is completed. Fire and emergency procedures are documented with trial evacuations conducted. Sufficient emergency and civil defence supplies are available. All staff are trained in the management of emergencies. There is a call bell system. Security is maintained. Hazards are identified.

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

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

Subsections applicable to this service fully attained.

The governing body ensures the safety of residents and staff by implementing a planned infection prevention and antimicrobial stewardship programme. The programme is suitable for the service's size and complexity. The programme is overseen by the facility manager/clinical manager and is evaluated annually.

Adequate infection prevention and control resources, including personal protective equipment, are readily available and easily accessible to facilitate implementation of the outbreak management plan.

Surveillance of health-care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. There were Covid-19 and influenza infection outbreaks in August and October 2024 at the service, and this was managed according to the Ministry of Health guidelines.

The environment supports the prevention and transmission of infections. The environment, and facility were clean, warm, and welcoming. Waste and hazardous substances are well managed. Appropriate cleaning and laundry processes are implemented, monitored and align with infection prevention policies and guidelines.

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

There is a no restraint philosophy. The required policies and procedures are documented and all staff receive relevant training.

## 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	0	168	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<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>The Māori Health Plan (2025) acknowledges the organisations responsibilities under Te Tiriti o Waitangi, equity approaches and national strategies. The plan includes goals, organisational commitment to te ao Māori, cultural competencies and the involvement of whānau, hapu and iwi. Annual cultural competencies are completed. Competencies include equity, Te Tiriti o Waitangi and how to implement the principles into everyday practice. Additional cultural training and competencies has been provided by a local Māori representative. The organisation has current relationships with local marae and Māori health, disability and social services providers.</p> <p>The management team advised there were no staff who identified as Māori, however voiced their intent to continue attempting to attract Māori staff. This is supported by human resource policies which include the recruitment and retention of Māori staff. At the time of the audit there are two residents who identified as Māori. Their whānau members were actively engaged. The model of service delivery supports mana motuhake, with the inclusion of Māori health care plans. Resident surveys include cultural needs, values and beliefs and confirmed overall satisfaction. Residents and whānau were complimentary regarding the services provided.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>All policies and procedures are purchased from an external consultant including those regarding Pacific culture. These have been developed with input from the Pacific community. Procedures include a template from which to develop an annual Pacific Plan. The Seaview Pacific Plan (2025) includes current national strategies for Pacific health, identifies Pacific models of health/world views and supports the recruitment and training of Pacific people. Management were committed in their intent to ensure services are commensurate with the needs of Pacific people.</p> <p>There is a small Pacific community in the Marlborough region which can be accessed if the need requires, however there has been no history of Pacific staff or residents accessing the rest home. The strategic plan demonstrated governance commitment to achieving equity.</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 throughout the facility in English and te reo Māori. Details relating to the Code are included in the information provided to new residents and their family/whānau. Residents and family/whānau reported the service is upholding their rights. Interactions observed between staff and residents/family/whānau were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry information pack. Staff receive education in relation to the Code at orientation and ongoing in-service training. On going training includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake, independence, sovereignty and authority. This was evident in Māori health plans and through interviews with management and staff.</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>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>Care staff described how they support residents to choose what they want to do. Residents are supported in making decisions about whether they would like family or whānau members to be involved in their care. This was also confirmed with residents and family/whānau. A sexuality and intimacy policy is in place. Staff stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents were positive about the service, as their personal choices, values, and beliefs were considered and met. Tāngata whaiora have input into their own routine and their identity, gender, and sexuality were respected. These were documented in the residents' care plans. Family/whānau and residents, including tāngata whaiora, confirmed being consulted.</p> <p>Privacy is ensured, and independence is encouraged. Resident files identified the residents' preferred names were considered. Information on values and beliefs is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place. Te reo Māori signage was evident in various locations. Te Tiriti o Waitangi and tikanga training was provided. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living and non-living things. Resources referencing Te Tiriti o Waitangi are available for residents and staff.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The staff code of conduct is discussed during induction to the service, with evidence of staff signing the code of conduct policy. The code of conduct policy addresses the elimination of discrimination, harassment and bullying. All staff are held responsible for creating a positive, inclusive and safe working environment. Staff were encouraged to address issues of racism and to recognise their own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for Māori residents are prioritised. Resident care plans identified goals of care, including interventions to promote positive outcomes, and staff confirmed their understanding of holistic care.</p> <p>Staff complete education during orientation and annually, as per the training plan, on how to identify abuse and neglect. Staff were educated</p>

		<p>on how to value the older person, showing them respect and dignity. Residents and family/whānau confirmed staff were very caring, supportive, and respectful. Police checks were completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries were defined in position descriptions and covered during the orientation process. Staff members confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. There had been no reported events of actual or suspected abuse/neglect since the previous audit.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information about the Code and complaints management is provided to residents and family/whānau on admission. Resident and family/whānau meetings identify feedback from residents and consequent follow-up. Policies and procedures relating to adverse events, complaints, and open disclosure alert staff to their responsibility to notify whānau/next of kin of any event that occurs. Accident/incident forms include a section to indicate whether the next of kin has been informed. This is also documented in the progress notes.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services were used where indicated. At the time of the audit, all residents were able to speak and understand English. Residents, including tāngata whaiora, reported they were provided with access to use the facility's main phone to communicate with their whānau, Wi-Fi access for electronic devices such as I-pads, mobile phones, and laptops is provided.</p> <p>Healthcare assistants described how they would assist any resident who did not speak English by providing interpreters or resources to facilitate communication as needed. Non-subsidised residents are advised in writing of their eligibility, and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The delivery of care includes a multidisciplinary team. The facility/clinical manager described an implemented process for providing residents with time for discussion about care, time to consider decisions, and opportunities for further</p>

		discussion.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. Informed consent processes were discussed with residents and families/whānau on admission. Written general consents for outings, photographs, the release of medical information, medication management, and medical cares were included and signed as part of the admission process. Residents had signed specific consent for procedures such as vaccines. Staff members confirmed they were familiar with the requirements for obtaining consent for entering rooms and providing personal care.</p> <p>The resident or the enduring power of attorney (EPOA) signs the admission agreement. The service welcomes the involvement of family/whānau in decision-making where the person receiving services consents for them to be involved. Enduring power of attorney documentation is filed in the residents' clinical file and activated as applicable for residents assessed as incompetent. Training related to the Code, informed consent and EPOAs is part of the mandatory education programme.</p> <p>An advance directive policy is in place. Advance directives for healthcare, including resuscitation status, had been completed. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner (GP) had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Family members identified the service actively involves them in decisions which affect the life of their relatives.</p> <p>The service follows relevant best practice tikanga guidelines. Staff and documentation evidenced staff consider the residents' cultural identity and acknowledge the importance of family/whānau input during decision-making processes and planning care.</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>	FA	<p>The complaints policy and procedure aligns consumer rights legislation and works equitably for Māori. Information regarding the complaint process is provided to residents and families/whānau on admission. Family/whānau stated they knew how to make a complaint and would</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>not hesitate to raise a concern. Internal audits regarding the complaints process confirmed residents understood the complaints process. Day to day concerns from residents/whānau are addressed in resident meetings. These meetings are attended by the directors and include updating residents on organisational performance and discussing general issues. There was also evidence concerns noted are followed up in a timely manner. Both directors check in with all residents each day to check ongoing satisfaction. Directors reported there had been no known complaints to external agencies.</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>The organisation is owned and operated by the two directors. Ownership was finalised in July 2024; however, the current directors had been employed in management roles prior to purchase. The operations manager has a bachelor in accounting and a master's degree in accounting and finance. The facility/clinical manager is a registered nurse who has been working in the aged care sector for approximately 10 years. Both directors are aware of their compliance requirements, which are routinely monitored through the annual quality programme. The directors are supported by an external accountant and have recently promoted an experienced staff member to assist (part time) with administration and quality management. The organisation is a current member of the New Zealand Aged Care Association.</p> <p>The annual strategic plan is reviewed and followed up from the previous year. The plan includes goals, mission, values and responsibilities including a commitment to Te Tiriti o Waitangi, equity, reducing barriers to access and improving outcomes for Māori and tāngata whaiora. There is no Māori representation at a board level, however the directors have maintained close links with the local Māori community and provided examples of how these links have added value to the organisation. The facility manager/clinical manager has completed additional cultural competencies as defined by the New Zealand Nursing Council and attended local training. The registered nurse has completed additional Mauri Ora training.</p> <p>Governance policies are documented. These include a range of</p>

		<p>procedural activities related to financial management, governance administration/responsibilities and the terms of reference for director meetings. Management team meetings occur bimonthly. The management team includes representation from the directors, the registered nurse, the kitchen manager and the quality/administration person. Records of the March 2025 meeting confirmed discussions regarding complaints, adverse events, internal and external audits, supplier performance, staff training, health and safety, quality and risk, plant and equipment, food safety and resident satisfaction. Actions are defined, with delegations assigned. These are reviewed at each meeting.</p> <p>Clinical governance is the responsibility of the facility/clinical manager, who is supported by the other registered nurse. The facility/clinical manager reported they have an effective working relationship with the medical team at Blenheim public hospital, the GP and local pharmacy.</p> <p>Residents and family/whānau are provided with a range of opportunities to provide feedback regarding the planning, implementation and review of services. The directors connect with all residents daily. This was mentioned by the residents who reported they appreciate the consistency of contact from management and that management were responsive to their feedback and ideas. Residents meetings and surveys are also completed.</p> <p>The service holds contracts with Health New Zealand -Te Whatu Ora for rest home level care and respite for up to 28 residents. At the time of the audit there were 25 residents, two of whom continue to be funded through disability services, despite being over the age of 65. There was also one respite resident.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p>	<p>FA</p>	<p>The strategic plan describes annual and long-term objectives with associated operational plans including the organisations response to risk and ensuring equitable services. The director and management representatives confirmed regular discussions and actions to monitor organisational performance. External and internal risks are defined in the 2025 risk management plan. A risk matrix is used, applying likelihood and consequence. Mitigating factors are documented and</p>

<p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>monitored. Health and safety responsibilities are defined and hazards are identified and managed.</p> <p>The documented quality and risk management system is purchased from the external consultant. The system ensures ongoing compliance with improvements implemented as needed. Policy updates are provided. New policies are displayed in the staff room and discussed at staff meetings. Staff have access to a hard copy of all procedures. Discontinued policies/procedures are removed from the system and archived.</p> <p>A quality plan is developed annually, using the template provided from the consultant. Quality outcomes from the previous year are reviewed, with a critical analysis completed to inform the next years quality plan. The 2025 plan includes quality goals for implementing the principles of Te Tiriti o Waitangi, resident centred services, safety, effectiveness, efficiency, access, appropriateness and equity. Service delivery monitoring includes the collation and analysis of quality data such as adverse events, complaints, infections, satisfaction and the outcomes of internal audits. The 2025 internal audit programme is comprehensive and covers the scope of the system, compliance and risk. Evidence confirmed on going compliance and the development of corrective actions when required. Staff reported their involvement in quality and risk management activities.</p> <p>Annual resident surveys confirmed 98.75% positive feedback (compared to 97% the previous year). Surveys include the needs of Māori and tāngata whaiora. The organisation can deliver high quality health care for Māori. This was evident in the involvement of representatives from the local marae who have whānau residing at the rest home. Māori care planning is strengths based and holistic. Tāngata whaiora and their family/whānau are supported, with the required care and resources available. There were two residents in this category. Directors and the management team demonstrated a commitment to the provision of equitable services. The goals of the Māori Health plan are reviewed annually and provide sufficient details that equity and ethnicity data is being collected, collated and analysed. The plan is individualised to the rest home and the demographics of the area.</p> <p>Adverse events are managed with an improvement and learnings focus. The organisation uses the National Adverse Event policy with regard to</p>
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		<p>applying severity assessment codes (SAC) and reporting. One SAC 1 event has been reported to the Ministry of Health regarding the death of a respite client, which occurred in the Blenheim hospital following a fall. Policies include obligations regarding essential notification reporting. Any event which occurs on site is documented using an adverse event form. All events are reviewed and investigated by the clinical team. The clinical team also connect with family/whānau members and/or EPOA. Monthly collated data confirmed falls are the most common event. A falls strategy is in place with information and resources displayed.</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.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There are sufficient health care and support workers on duty at all times. Management reported a full quota of staff was employed. The roster confirmed adequate staff cover, with staff replaced in any planned/unplanned absence. It was reported staffing levels can be adjusted to meet the changing needs of residents. There is an afterhours on call roster shared by the facility/clinical manager and the other registered nurse. Staff reported having good access to advice when needed.</p> <p>There are three health care assistants on duty during the morning, two in the afternoon and one at night. Both registered nurses are on duty Monday to Friday business hours and provide on call support. In addition, there is one activities coordinator who works Monday to Friday, one full time cook (kitchen manager) and one cleaner. Health care assistants are also trained in cleaning duties to cover the weekends. Casual kitchen and cleaning staff are also available. An experienced team leader is rostered over the weekends when a registered nurse is not on site. There are some split shifts to accommodate busy periods.</p> <p>Continuing education is planned on an annual basis and occurs each month. The annual schedule is documented and includes the required, and relevant, education to an aged care setting. Training is predominately provided in house, with additional external trainers engaged for expert topics. For example, the dietician provided food safety training, advocacy training is provided by aged concern, the hospice provides palliative care training and a local iwi member</p>

		<p>provides cultural competency training. Current training records were sighted in staff records sampled.</p> <p>Mandatory competencies are defined. These include emergency procedures, first aid certificates, infection prevention, medication administration and moving and handling. The majority of carers have educational achievements related to health and wellbeing, with one achieving a level four qualification, three achieving level three, four achieving level two, three currently studying for level three and two currently studying for level two. One of the health care assistants is an internationally qualified nurse. The registered nurses are trained and maintain their annual competency requirements to undertake interRAI assessments. Examples of additional competencies sighted in staff records included Medimap, wound management, syringe drivers and insulin management.</p> <p>The collection and sharing of high-quality Māori health information was encouraged. Staff were aware of the needs of Māori residents and their whānau. Care planning and interventions were provided within a holistic framework informed by the four cornerstones of health (tinana, hinengaro, wairua and whānau). Local iwi representatives were available and visit the rest home frequently providing education and resources to staff and residents regarding te ao Māori (refer standard 1.1 regarding equity expertise). Information was available in te reo Māori with signage throughout the facility displayed in multiple languages.</p> <p>Staff consistently reported management provide a positive and supportive environment. Staff surveys confirmed overall satisfaction.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p>	FA	<p>Staff management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting, validation of qualifications and practising certificates. Staff records included the required recruiting and onboarding records. For example, staff profiles, current position descriptions, employment agreements and curriculum vitae. Position descriptions include the person specifications and qualifications required. Staff ethnicity is recorded and copies of passports are</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>		<p>maintained for overseas staff. Internal audits of personnel records ensure compliance with internal policies and employment legislation.</p> <p>Staff orientation includes the necessary components relevant to the role and the essential components of service delivery. Staff reported the orientation process prepared them well. The orientation process takes two weeks to complete and all new staff are buddied by a senior staff member. An orientation checklist is signed off on completion. Completed orientation records were sighted in staff records.</p> <p>Performance appraisals are completed annually by the facility/clinical manager. Staff confirmed this was a supportive process and provided them with opportunities for learning and development. All staff involved in an adverse event are provided with a debriefing process provided by the management team.</p> <p>Staff records are securely and confidentially maintained in the directors' office. Staff files were current and well organised with information easily traceable for management and audit purposes.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>The management of resident records meets current legislation and health records standards. There is a combination of hard copy and electronic resident data. All information is secure and maintained in a confidential manner. Hard copies were securely stored in the nurse's station, which is locked when unattended. All computers are password protected with sufficient backup systems. Data entries are dated, include the time of entry and identification of the writer. The registered nurses review all entries made by the health care assistants. Archived records are stored onsite in a secure filing cabinet and are easily retrievable. The organisation is not responsible for National Health Index (NHI) 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>FA</p>	<p>Residents are assessed by the Needs Assessment Service Coordination (NASC) service to determine the required level of care. The nursing team screens prospective residents prior to admission.</p> <p>In cases where entry is declined, a liaison is established between the</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>facility/clinical manager and the referral team. The prospective resident would be referred back to the referrer. The facility/clinical manager stated reasons for declining entry would only occur if there were no beds available or Seaview Home is unable to provide the service the prospective resident requires, after considering staffing and resident needs.</p> <p>The admission and enquiry policy and procedure guides staff through the admission and declining processes, including required documentation. The facility/clinical manager keeps records of the number of prospective residents and their family/whānau who have viewed the facility, as well as admissions and declined referrals. The facility/clinical manager reported the facility captures ethnicity data and routinely analyses this in relation to admissions and declines.</p> <p>The information pack is available for family/whānau prior to admission or upon entry. The pack details the services provided. Admission agreements were signed and included services not offered by the service.</p> <p>Supports to benefit Māori and whānau are identified and implemented. There is information available in English and te reo Māori. The service currently engages with local marae to benefit Māori residents and whānau.</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>Resident records were sampled. The nursing team is responsible for conducting all assessments and formulating care plans. Resident records sampled indicated the participation of residents and their family/whānau in the evaluated interRAI assessments and long-term care plans. Seaview Home offers equitable opportunities for all residents and assists Māori and whānau in defining their own pae ora outcomes within their care plans. Cultural assessments included pae ora outcomes and were conducted with values, beliefs, and spiritual needs recorded in care plans.</p> <p>The service utilises a range of risk assessments in conjunction with the interRAI and care plan process. Risk assessments conducted on admission include those relating to falls, pressure injury, behaviour, continence, nutrition, skin, and pain. Initial care plans were completed</p>

	<p>within 24 hours of admission. InterRAI assessments and reassessments have been completed within expected timeframes. Outcomes of assessments form the basis of the long-term care plan.</p> <p>Long-term care plans had been completed within 21 days. Care plan interventions were holistic and resident-centred, providing guidance to staff on all medical and non-medical requirements. There are policies and procedures for short-term care plans, which were utilised for issues such as infections, weight loss, and wounds. Short term care plans were signed off when resolved or transitioned to long-term care plans. Evaluations documented the progression towards goals. Written evaluations were reviewed to identify if the residents' goals had been met or not.</p> <p>The GP provides medical services, including after-hours on-call support. Residents are reviewed by a visit to the general practice by the GP on admission, or acutely, or for monthly or three-monthly reviews. There was evidence the GP saw residents within five working days of admission, and resident regular reviews occurred as per required time frames. More frequent medical reviews were documented for residents with more complex conditions or acute changes in their health status. The GP expressed satisfaction with the competence of the nursing team, the quality of care delivered, and the prompt communication regarding any issues.</p> <p>Specialist services were initiated as needed. Allied health interventions were documented and integrated into care plans. Barriers which may prevent tāngata whaikaha and whānau from independently accessing information were identified, and strategies to manage these were documented. A physiotherapist is available as required. The podiatrist visits every six weeks. Specialist services (for example mental health, dietitian, speech-language therapist, wound care, and continence specialist nurse) are available as needed through local Health New Zealand-Te Whatu Ora.</p> <p>Health care assistants and registered nurses reported verbal and written handovers were conducted at the commencement of each shift, ensuring continuity of service delivery. The handover observed during the audit was deemed thorough in nature. Progress notes were written on every shift by the health care assistants and at least weekly by the nursing team, or more frequently when there was a significant change in</p>
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		<p>condition.</p> <p>Residents reported their needs and expectations were being met, and family/whānau members confirmed the same. When a resident's condition changes, staff alert the registered nurses, who then assess the resident and initiate a review with the GP. Family/whānau stated they were notified of all changes to the residents' health, including infections, accidents/incidents, GP visits, medication changes, and any changes to health status. Changes were consistently documented in the residents' files.</p> <p>Care plans reflected the required health monitoring interventions for individual residents. Health care assistants complete monitoring charts which include observations, behaviour charts, bowel charts, blood pressure, weight, food and fluid intake, blood glucose levels, and toileting regimes. Early warning signs and risks were documented. Challenging behaviour plans and behaviour monitoring forms were completed where applicable. Neurological observations were routinely completed when required. Incidents sampled indicated these were completed in line with policy and procedure.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>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>Activities are conducted by the activities coordinator from Monday to Friday, with weekends reserved for family/whānau visits or outings. Activities were based on assessments and reflected the residents' social, cultural, spiritual, physical, cognitive needs and abilities, past hobbies, interests, and enjoyments. These were completed within two weeks of admission in consultation with the family/whānau and residents. Each resident had a care plan developed that detailed their past and present activities. A weekly planner is developed, and each resident is given a copy. Daily activities were displayed on notice boards to remind residents and staff.</p> <p>The activity programme is formulated by the activities coordinator in consultation with the management team, registered nurses, EPOAs, residents, family/whānau and the health care assistants. Activities were varied and tailored to the assessed needs of residents, including tāngata whaiora. Activities of choice were developed. Residents funded by disability services were involved in activities of their choice and</p>

		<p>reported they have access to the Wi-Fi which enables them to use their electronic gadgets, and participate in a range of education, recreation, leisure, cultural, and community events consistent with their interests and preferences.</p> <p>Residents who do not participate regularly in group activities are visited one-on-one. Activity progress notes and an activity participation register were completed on a daily basis. Activities observed during the audit days were appropriate to the resident group. Planned activities and community connections were suitable. Activities on the planner included quizzes, bingo, bowls, birthday celebrations, outings, happy hour, church services, housie and exercises. The service promotes access to EPOA and family/whānau and friends. There were regular outings and drives for all residents (as appropriate) once a week. Monthly resident meetings provide a forum for residents to offer feedback on activities.</p> <p>Some residents identified as Māori. Activities staff indicated opportunities for Māori and their whānau to engage in te ao Māori are promoted through community involvement, support from the Māori community and by commemorating religious and cultural celebration, including Māori Language Week, Waitangi Day and Matariki.</p> <p>The EPOA, family/whānau, and residents expressed general satisfaction with the quality and diversity of activities offered.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Policies and procedures regarding safe medicine management meet legislative requirements, standard and guidelines. The registered nurses and the health care assistants involved in medication administration are assessed annually for competency. Education regarding safe medication administration, including the use of Medimap is provided.</p> <p>Medication charts and signing sheets are electronic. A health care assistant was observed administering medications safely. The nursing team and healthcare assistants could describe their roles in relation to medication management. The service utilises blister packs for all regular, short-course medications and pro re nata (PRN) medications.</p>

		<p>The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. All medications, once delivered to the facility, are checked by the registered nurses against the medication chart. Any discrepancies are fed back to the supplying pharmacy.</p> <p>Controlled drugs were stored securely. The controlled drug register provided evidence of weekly and six-monthly stock checks. Medications were appropriately stored in the medication trolley and the medication room. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops had been dated on opening.</p> <p>Medication charts were sampled. There is a three-monthly review by the GP of all residents' medication charts, and each drug chart includes photo identification and allergy status. There is a self-administering policy for residents who have been assessed as competent to do so. At the time of the audit, there were residents self-administering eye drops, which were stored safely in their rooms. Appropriate assessment and review were on file. Over the counter (OTC) medications are considered during the prescribing process, and these, along with nutritional supplements, are documented on the medication chart. Standing orders are not used.</p> <p>There was evidence in clinical files to confirm residents and family/whānau are updated about changes to health status. Residents and their family/whānau are supported to understand their medications. The GP stated that when requested by Māori, appropriate support, and advice for treatment is provided.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and</p>	<p>FA</p>	<p>The kitchen manager works full-time, Monday to Friday, and is supported by another cook who works over the weekends. There are two staff on duty who are responsible for cooking and kitchen hand duties.</p> <p>All meals are prepared and cooked on site, with meals being plated and served from the kitchen to the dining room. Staff were observed wearing the correct personal protective clothing in the kitchen and while serving meals. Staff assisted residents with meals in the dining room and</p>

<p>wellbeing.</p>		<p>modified utensils, such as lip plates, were available to help residents maintain their independence with meals. Residents were able to eat their meals in an unhurried manner. Health care assistants were knowledgeable about a resident's portion size and fluid intake. Staff confirmed they report any changes in eating habits to the nursing team and record this in progress notes.</p> <p>A resident's dietary profile is developed upon admission and is provided to the kitchen manager. The kitchen caters to the dietary needs of residents who require special diets. The cooks work closely with the registered nurses on residents' dietary profiles and any allergies. Residents who require supplements for identified weight loss are supplied with them.</p> <p>The kitchen was observed to be clean and well-equipped. The current food control plan expires on 3 July 2025. The four-weekly seasonal menu has been reviewed by a dietitian. Serving temperatures were taken on each meal. Chiller and freezer temperatures were taken daily and are within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry, chiller, and freezers. Kitchen staff were trained in safe food handling.</p> <p>Family/whānau meetings and one-to-one interactions between residents and staff, as well as cooks in the dining room, provide an opportunity for feedback on meals and food services. The cook and healthcare assistants demonstrated an understanding of basic Māori practices, including tapu and noa. The kitchen manager advised they provide food for the cultural-themed days. The cook stated they do their best to accommodate any requests from residents. Residents and family/whānau members indicated satisfaction with the food.</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>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure the exit, discharge, or transfer of residents was undertaken in a timely and safe manner. Transfer documents included (but not limited to) transfer form, copies of medical history, admission form with family/whānau contact details, resuscitation form, medication charts and last GP review records. The</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>residents and their families/whānau are involved in all exits or discharges to and from the service, including being given options to access other health and disability services, social support, or kaupapa Māori agencies. Discharge notes are kept in residents' files, and any instructions are integrated into the care plan. The nursing team advised that a comprehensive handover occurs between services.</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 is owned by the Picton Health Trust and was purpose built as a community hospital. The building was converted into a rest home in 1994. The conversion did not require any structural changes. There are four wings including Tui, Bellbird, Pukeko and Kea. The kitchen, dining room, lounge, laundry, sluice/cleaners room and nurses station are located in the central Bellbird wing. External areas are well maintained, with sea views, gardens, sufficient and accessible parking and an external deck. The directors have completed several refurbishment and improvement projects over the past year. This includes new furniture for the residents and new carpet and linoleum throughout. Carpet tiles were laid which enables easy replacement in the event of spills or damage. The next project is retiling the communal showers.</p> <p>The current building warrant of fitness was displayed and expires in July 2025. The maintenance file includes the annual maintenance plan and routine monthly requirements. The operations manager confirmed environmental inspections occur and maintenance requests were attended to. Records of maintenance requests confirmed these had been addressed in a timely manner. Preferred suppliers are engaged for maintenance requests which require a qualified contractor with a current registration. Calibration of scales and medical equipment occurs annually with evidence verified. Electrical testing and tagging is current. Records of hot water checks were sighted for the year to date and confirmed a consistently safe temperature.</p> <p>Hazards are identified and monitored as per the health and safety system. All hazards are reported at staff and management meetings. There is one oxygen cylinder, which is securely stored in the nurses station. Corridors include safety lighting to prevent trips or (falls during the night), and all corridors have handrails. All residents' room have a hand basin and hand sanitisers are available throughout out the</p>

		<p>building. All bedrooms have a heater and an external window. All bathrooms and toilets are shared and accessible. Visitor and staff toilets are available. There is sufficient storage areas for mobility aids.</p> <p>The environment is inclusive of the residents' culture with residents free to decorate their rooms in the manner they wish. There was no confirmed plan to design new buildings or make any changes in the near future, however policies ensure input from residents and Māori are obtained should changes be made. Signage is displayed in a range of languages, including te reo 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 policies and procedures are documented and emergency flip charts are displayed. Fire safety equipment is routinely checked in line with building warrant requirements. There was an approved evacuation plan, and an evacuation procedure. Emergency evacuation drills were conducted every six months with the next scheduled drill planned for June 2025. Orientation for new staff includes emergency and security situations. Residents are also orientated to evacuation and emergency procedures, with evacuation plans and procedures displayed throughout the building. The most vulnerable or mobility impaired residents are listed on the fire board and are expected to be assisted first. All staff have a current first-aid certificate. There were adequate emergency exit doors, an ambulance bay and designated assembly point.</p> <p>Security checks are completed by the afternoon and night staff to ensure all doors and windows were secured. There are security cameras, sensor lights and night lights. The call bell system is routinely checked. Family/whānau confirmed staff attended promptly when their call bell was activated. All staff were identifiable, with name badges and uniforms. Resident satisfaction surveys confirmed residents felt safe at all times.</p> <p>First aid kits and civil defence equipment is routinely checked as per the internal audit schedule. Sufficient amounts of food and water is stored on site in the event of an emergency. Stored water is routinely replenished. There is a BBQ and filled gas bottles for cooking in the event of a power cut.</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 (IP) and antimicrobial stewardship (AMS) programme is linked to the quality risk management system and the strategic plan. The IP and AMS programmes are designed to improve the quality of services and ensure the safety of residents and staff. Expertise and advice on infection prevention is sought following a defined process, which includes seeking advice on significant infection events from Health New Zealand-Te Whatu Ora and the GP. The facility/clinical manager is the infection control coordinator and has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections.</p> <p>An emergency pandemic plan has been documented and reviewed. There are sufficient resources and personal protective equipment (PPE) readily available and accessible to staff. All staff, residents and family/whānau have received training and updates for managing infections. Training records were well maintained.</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. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention coordinator oversees and coordinates implementation of the infection control programme. The infection prevention coordinator's role, responsibilities and reporting requirements are defined. The infection prevention coordinator has completed external education on infection prevention and control and has access to shared clinical records and residents' diagnostic results.</p> <p>The infection prevention programme was developed with input from external infection control services. The programme was approved by management and is linked to the quality improvement programme. The programme undergoes an annual assessment and is up to date. Infection prevention policies reflect the requirements of this standard and include best practice references.</p> <p>Infection prevention audits were being conducted six-monthly. Relevant corrective actions were implemented where required. Staff reported they are informed of infections and audit outcomes in staff meetings. Any new infections were discussed at shift handovers to facilitate early interventions.</p>

		<p>The pandemic and outbreak management plans are periodically reviewed. An adequate inventory of stock of infection prevention resources, including personal protective equipment (PPE), was observed. Resources were easily available to facilitate the pandemic response plan.</p> <p>The infection prevention coordinator has input into other related clinical policies which may impact the health care-associated infection (HAI) risk. Staff had received education in infection prevention at orientation and through ongoing annual education sessions. Education with residents was on an individual basis. This included reminders about hand washing and advice on remaining in their room if they were unwell. This was corroborated through interviews with residents.</p> <p>The infection prevention coordinator is responsible for procuring the required equipment, devices, and consumables through Health New Zealand - Te Whatu Ora. The coordinator would be involved in the consultation process for any proposed design of a new building or when significant changes are proposed to the existing facility. At the time of the audit, there were no plans for new buildings or significant changes.</p> <p>Reusable medical devices and shared equipment are properly decontaminated or disinfected according to recommendations from the manufacturer and best practice guidelines. Single-use items are not reused. The decontamination and disinfection policy guides staff in their practices.</p> <p>Health care assistants were observed following appropriate infection prevention practices, such as the use of hand sanitisers, effective hand-washing techniques, and the use of disposable aprons and gloves. Sanitiser dispensers were readily available around the facility.</p> <p>The Māori Health plan guides staff on tikanga to promote culturally safe practice in infection prevention. Staff were aware of culturally safe practice in order to meet individual needs. Infection prevention educational material in te reo Māori was displayed around the facility.</p>
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation	FA	The antimicrobial stewardship (AMS) programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of

<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>		<p>the service. The programme was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by management. The AMS policy aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The GP has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained. Annual review of the infection prevention programme includes infection prevention audits including antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, pathogens isolated and any occurrence of adverse effects.</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>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory, and wounds. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used. Surveillance of healthcare-associated infections includes ethnicity data and is reported to staff, and management, respectively.</p> <p>Infection prevention audits were completed, including cleaning, laundry, and hand hygiene. Staff reported they are informed of infection rates and regular audit outcomes at staff meetings. Monthly data records indicate a negligible number of infections, along with a comparative analysis of the preceding month, which provides insight into the rationale behind increases, decreases, and recommended actions. New infections are discussed during shift handovers to facilitate prompt interventions.</p> <p>Residents and their whānau were advised of any identified infections in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews.</p> <p>There were infection outbreaks of Covid-19 and influenza reported in August 2024 and October 2024. These were managed appropriately with the required notifications completed.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>Waste is removed be an external contractor as per council requirements. Waste bins are removed once per week. There are sufficient procedures and work instructions regarding the management of waste and hazardous substances. Continance products are double bagged. There are a number of sharps containers and oxygen cylinders are safely stored. There are bulk supplies of personal protective equipment onsite. Chemicals are supplied by an external organisation and are securely stored in the laundry or cleaners cupboard. Bulk supplies are decantated into labelled bottles for the cleaners trolley. Material data safety sheets are displayed. A locked shed is used to supply fuel, paint and other chemicals used to clean and maintain the facility and grounds.</p> <p>The cleaning trolley is stored in the secure sluice room when not in use. The effectiveness of cleaning and laundry processes is monitored using internal audits, surveys and resident meetings. The laundry is well serviced with large industrial washing machines and dryers. Clean and dirty areas are identified. Clean washing is placed into individual named baskets and returned to the resident. Residents/whānau expressed satisfaction with cleaning and laundry services. The infection prevention coordinator has oversight of cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The clinical/facility manager is the restraint coordinator confirmed and the restraint philosophy and practice is to maintain a restraint free environment. There have never been any restraints used. The restraint policy describes processes for assessment, consent and monitoring that would meet this standard in the event that a restraint intervention was required. It contains definitions that are congruent with this standard and describes methods for avoiding or minimising the use of restraint. Policy designates a restraint coordinator, and clearly describes the processes for evaluation, review and ongoing staff education.</p> <p>Staff training records confirmed education related to restraint minimisation. This included managing challenging behaviour, use of de-</p>

		escalation techniques and preventing the use of restraint. There is also an emergency restraint policy which authorises the registered nurses to initiate an emergency restraint before a GP assessment.
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## Specific results for criterion where corrective actions are required

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

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

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

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

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End of the report.