

# Holmwood Lifecare Limited - Holmwood Lifecare

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Holmwood Lifecare Limited

**Premises audited:** Holmwood Lifecare

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

**Dates of audit:** Start date: 29 April 2025 End date: 30 April 2025

**Proposed changes to current services (if any):** The service has been verified as suitable to provide hospital medical services.

This audit has confirmed suitability of eight existing rest home rooms to be used for residents at rest home and hospital level of care (dual purpose). In addition, the service has converted the hair dressing salon to a dual-purpose respite room. A designated communal toilet and shower is located in close proximity to the room and is of sufficient size to enable hoist transfers if required. The service plan to utilise this room for residents on respite at rest home or hospital level of care. This will increase the total bed

numbers to from 45 to 46. All nine rooms were verified as suitable for dual purpose beds. A new staff toilet and hair dressing salon have been created in the Tui wing.

**Total beds occupied across all premises included in the audit on the first day of the audit: 42**

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Holmwood Lifecare Limited is part of Rangiora Lifecare which has four facilities and six directors. The service provides hospital (geriatric) and rest home level of care for up to 46 residents. On the day of the audit there were 42 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora. 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 nurse practitioner.

This audit also verified the service as suitable to provide hospital (medical) level of care. Eight rooms currently certified to provide rest home level care have been verified as suitable to provide dual purpose (rest home and hospital level of care). The previous hair dressing salon has also been converted into a dual-purpose room, which the service plan to utilise as a room for residents on respite. This room was also verified as suitable to provide rest home and hospital level of care. This increases the bed numbers from 45 to 46.

The care home manager is a registered nurse with extensive experience in aged care, including previous management and leadership experience; however, no longer holds a practising certificate. The care home manager is supported by a skilled clinical manager and administration manager. These roles are supported by the executive director who has considerable experience in owning and operating the service.

The certification audit meets the Standard.

## 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.

Holmwood Lifecare Limited provides an environment supporting resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Holmwood Lifecare Limited provides services and support to people in a way that is inclusive and respects their identity and their experiences. 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 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.

## 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 business plan includes a mission statement and operational and clinical objectives. The service has effective quality and risk management systems in place and takes a risk-based approach. The quality and risk management systems meet the needs of residents and their staff. Internal audits, meetings and documentation of data were all documented as taking place as scheduled. Corrective actions resolved in a timely manner when these arise.

A health and safety system is in place. Health and safety policies and procedures are documented with a health and safety committee that meets as per schedule. Staff incidents, hazards and risk information are collated with information provided to the executive director and Board to enable monitoring of the data.

The staffing and rostering policy documented are in place. Human resources are managed in accordance with good employment practices. A role specific orientation programme and regular staff education and training are in place.

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		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 registered nurses are responsible for the assessment, development, and evaluation of care plans. Care plans were individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated promptly.

There are planned activities that are developed to address the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme in place.

There is a medicine management system in place. The organisation uses an electronic system for prescribing and administration of medications. The nurse practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met.

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

## **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.
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The facility meets the needs of residents and was clean and well-maintained. A preventative maintenance programme is being implemented. There is a current building warrant of fitness in place. Clinical equipment has been tested as required. External areas are accessible, safe and provide shade and seating and meet the needs of people with disabilities. The facility vehicle has a current registration and warrant of fitness.

There are appropriate emergency equipment and supplies available. There is an approved evacuation scheme and fire drills are conducted three-monthly. There is a staff member on duty on each shift who holds a current first aid certificate. Staff, residents and family/whānau understood emergency and security arrangements. Hazards are identified with appropriate interventions implemented. Residents and family/whānau reported a timely staff response to call bells. Security is maintained.

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

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

Subsections applicable to this service fully attained.

A suite of infection prevention and control policies and procedures are documented. The infection prevention and control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection prevention and control programme have been approved by the directors.

The clinical manager is the infection prevention and control coordinator and is supported by representation from all areas of the service. There is access to a range of resources. Education is provided to staff at induction to the service and there is a comprehensive training plan. Internal audits are completed with corrective actions completed where required. There are policies and procedures documented around antimicrobial stewardship.

A surveillance programme is documented as part of infection prevention and control policies.

There are documented processes for the management of waste and hazardous substances in place. Dedicated housekeeping staff provide all cleaning and laundry duties. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service maintains a restraint-free environment. This is supported by the executive director, policies, and procedures. Restraint minimisation is overseen by the restraint coordinator. There were no residents using restraints at the time of audit. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	169	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>	FA	<p>A Māori health plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. Holmwood Lifecare Ltd (Holmwood Lifecare) is committed to respecting the self-determination, cultural values, and beliefs of Māori resident/s and family/whānau and the resident care plans include Māori health care needs. Links are established with local Māori community members, current resident/s, their family/whānau and staff. Māori assessments are in place and are completed for residents who identify as Māori. There are residents in the service who identify as Māori; however, don't wish to associate with their culture, and staff respect this.</p> <p>Holmwood Lifecare has strategies to support increasing Māori capacity by employing and recruiting Māori staff. The executive director stated that there was a commitment and responsiveness to a culturally diverse workforce. At the time of the audit, there were staff members who identified Māori. The service has longstanding partnerships with the marae and offers residents opportunities to talk with Māori kuia and kaumātua who can advocate on their behalf.</p>
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa	FA	The Pacific Health Plan is documented. The aim is to uphold the

<p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>principles of Pacific people by acknowledging respectful relationships, valuing family/whānau, and providing high quality health care.</p> <p>There were no residents identifying as Pasifika at the time of the audit. The care home manager confirmed residents' family/whānau will be encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs.</p> <p>The service continues to actively recruit new staff. There are currently staff employed that identify as Pasifika. Holmwood Lifecare partners with their Pacific employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people and celebrating cultural ceremonies. The executive director and care home manager described how Holmwood Lifecare increases the capacity and capability of the Pacific workforce, as described in the Pacific Health Plan.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The care home manager, clinical manager or registered nurse discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori.</p> <p>Discussions relating to the Code are held during the monthly resident meetings and family/whānau are invited to attend. Residents and family/whānau interviewed reported the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual supports. Interdenominational church services are held monthly. There is a church opposite the facility and residents are welcomed to that</p>

		<p>church, with staff able to take them across to the services. Staff have completed cultural training which includes Māori rights, Māori model of care and health equity. The service recognises Māori mana motuhake, which reflects in the Holmwood Lifecare business plan.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process. Interviews with four residents (two rest home and two hospital) and four family/whānau (two rest home and two hospital) confirmed individual cultural beliefs and values, are respected. They confirmed that the Code was well implemented.</p> <p>Interviews with twelve staff (four healthcare assistants, three registered nurses, one activities coordinator, one kitchen team leader, maintenance staff, one housekeeper, one senior administrator), two managers (care home manager and clinical manager), and the executive director, and documentation reviewed identified the service puts people using the services, and family/whānau at the heart of the services provided.</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>	FA	<p>Healthcare assistants (HCAs) and registered nurses interviewed described how residents are supported to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over their choice and personal matters including choice over activities they participate in and with whom they socialise.</p> <p>The annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. It was observed that residents are treated with dignity, respect and spoke to in a courteous manner. Satisfaction surveys are completed annually to survey resident</p>

		<p>satisfaction in relation to upholding resident`s rights and privacy. The first survey for staff and a separate one for residents and family/whānau following the change of ownership was conducted in September 2024. Residents and family/whānau survey results confirmed they were very satisfied with the services provided.</p> <p>A sexuality and intimacy policy is in place, with training as part of the education schedule. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Family/whānau interviewed stated they enjoy coming and going as they pleased to visit their family/whānau.</p> <p>Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place.</p> <p>The care home manager confirmed that cultural diversity is embedded at the service, and this was confirmed during interviews with staff. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi, health equity, Māori models of care and tikanga Māori.</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>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Holmwood Lifecare policies provide staff education regarding institutional racism, discrimination, coercion, harassment, and any other exploitation. The service is inclusive of all ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the new employee's orientation to the service, with evidence of staff signing the code of conduct. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct. Staff are encouraged to</p>

		<p>inform any manager or director of any bullying or harassment with the managers and executive director stating that there is a zero tolerance to this.</p> <p>Staff complete education at orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity, as well as equality, diversity, and inclusion. All residents and family/whānau interviewed confirmed staff are very caring, supportive, and respectful. The nurse practitioner confirmed there was no evidence of abuse or neglect.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with care staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. Te Whare Tapa Whā is recognised, and the care plans identify resident focussed goals and reflects a person-centred model of 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.</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>	FA	<p>Monthly resident meetings identify feedback from residents and subsequent follow up by the service. Resident meetings with minutes sighted indicate that the service is open and transparent with updates about the services.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. All correspondence is documented in the progress notes. Ten accident/incident forms reviewed identified family/whānau were kept informed; this was also confirmed through interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. 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</p>

		<p>the scope of services and any items not covered by the agreement.</p> <p>The service communicates with other agencies involved with the resident such as Hospice and Health New Zealand specialist services. The clinical manager described the process for providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.</p> <p>Residents and family/whānau interviewed confirmed they know what is happening within the facility and felt informed regarding events/changes through regular communication.</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 informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Policies are in place to guide staff around informed consent processes, including the resuscitation management, resident representative, and enduring power of attorney (EPOA) policies. The resident files reviewed included signed general consent forms. Other consent forms include vaccinations, media release and van outings. Residents and family/whānau interviewed could describe informed consent and knew they had the right to make choices.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. These are regularly reviewed. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. Staff have received training related to informed consent.</p> <p>Admission agreements had been signed and sighted for all the files reviewed. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable.</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</p>	FA	<p>The complaints management procedure is provided to residents and family/whānau on entry to the service. The care home manager maintains a record of all complaints, both verbal and written, by using an electronic complaint register. Documentation including</p>

<p>disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There have been no complaints since the last audit. Staff are informed of complaints (and any subsequent corrective actions) in the staff and clinical meetings (identified as an agenda item). The manager described the management of complaints in accordance with the HDC requirements.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern, including (but not limited to) resident meetings, or one on one meetings with management. During interviews with family/whānau, they confirmed the managers are available to listen to concerns and act promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist Māori residents in the complaints process. The complaints management procedure ensures Māori residents are supported to ensure an equitable complaints process. The care home manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication.</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</p>	<p>FA</p>	<p>Holmwood Lifecare Limited is certified to provide hospital (geriatric) and rest home level of care for up to 46 residents. The service currently has eight dedicated rest home beds and 37 dual-purpose rooms, of which 24 are single rooms and 13 are one bedroom care suites.</p> <p>The service has requested the eight rest homes rooms be verified as suitable for hospital residents and have repurposed a hair dressing salon room, which will be utilised as a dedicated respite care room (letter dated 25 February 2025). These nine rooms have been verified as suitable for dual purpose (rest home and hospital level of</p>

<p>sensitive to the cultural diversity of communities we serve.</p>	<p>care). The service was also verified as suitable to provide hospital (medical) services. The total number of beds is now 46.</p> <p>At the time of the audit there were 42 residents in total, 13 rest home residents, including one resident on respite care and 29 hospital residents, including one resident with an accident compensation corporation (ACC) contract, and one resident on long term support-chronic health conditions (LTS-CHC) contract. The remaining residents were under the age-related residential care contract (ARRC). There were no double/shared rooms.</p> <p>Holmwood Lifecare Limited is owned and operated by Rangiora Lifecare Limited. The Board of Directors of Rangiora Lifecare Limited are also the directors of Holmwood Lifecare Limited. There are currently six directors who meet monthly. Information is reported through to the Board through the executive director, who receives detailed monthly reporting from the care home manager, including monitoring of goals and performance in key areas in the business plan, including quality care and service provision, and achievement of financial targets.</p> <p>The Board of Directors reviews the staff incident register each month, which highlights all staff injuries. The Board of Directors reviews the risk register on a six-monthly basis.</p> <p>All of the Rangiora Lifecare Limited directors have completed cultural awareness courses. The directors have extensive experience across multiple fields, including (but not limited to) aged care; retirement village; health; property; technology; and business ownership. There are four founding documents that provide the framework within which the Board of Directors operate, including the company constitution, shareholder agreement, Board charter, and delegated authority policy. The Rangiora Lifecare business plan for 2025 – 2027 reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery and includes site specific objectives and goals related to business and quality outcomes.</p> <p>The executive director has weekly meetings with the care home manager to discuss how Holmwood Lifecare is operating and provides support as required. In addition, the executive director</p>
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		<p>completes monthly visits and will occasionally attend resident/staff functions. A clinical and cultural advisor has been appointed to the Board and assists in the regular review of our processes in accordance with industry evidenced based practice. Further to this, a quality consultant works with all facilities and specialises in reviewing the implementation and adherence of culturally sensitive practices and mitigating barriers of entry into aged care for Māori and tāngata whaikaha.</p> <p>A clinical governance structure appropriate to the size and complexity of the organisation is in place. The monthly quality and leadership meetings (clinical governance meeting) is chaired by the quality consultant with the on-site management teams. The clinical and cultural consultancy support is available to the management team as required. Working practices at Holmwood Lifecare are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha.</p> <p>The care home manager was the facility manager under the previous ownership and has remained there since the change of ownership (one year) and has over 40 years' experience in the aged care industry. The clinical manager has also transitioned with the new owners one year ago from the previous ownership and has been in the role for one year. The care home manager, and clinical manager are supported by the executive director (interviewed) and the quality consultant who was not available on the days of the audit.</p> <p>The care home manager has maintained at least eight hours of professional development activities related to managing an aged care facility, including completing cultural safety, Te Tiriti o Waitangi and other Altura online learning.</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>FA</p>	<p>Holmwood Lifecare has an established quality and risk management framework and processes to ensure services are delivered to reflect the principle of quality improvement processes. Holmwood Lifecare has established systems in place to record track and analyse quality</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>		<p>data. The quality consultant is available to support the implementation of the quality programme, benchmarking, and analysis benchmarks. The clinical quality consultant benchmarks and analyses data against other Rangiora Lifecare facilities and industry standards to identify areas for improvement. Monthly quality/staff meeting minutes evidence a comprehensive review and discussion around all areas of the service, including (but not limited to): clinical, staff, health and safety, and infection prevention and control.</p> <p>Monthly quality/staff and clinical meetings ensure good communication. Corrective actions are documented where indicated, to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard. The September 2024 resident satisfaction survey was the first one under new ownership. The survey indicated general satisfaction by the residents; however, there were areas of lower satisfaction where corrective action plans were implemented and completed around communication and availability of activities.</p> <p>Interviews with the care home manager, and clinical nurse manager and healthcare assistants confirmed health and safety training begins during staff induction to the service. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. Staff incident, hazards and risk information is collated at facility level, reported to the executive director and a consolidated report and analysis of all facilities are then provided to the Board of Directors monthly. A health and safety system is in place. The health and safety committee team meets monthly. A health and safety representative interviewed has completed external health and safety level two training. Hazard identification forms and an up-to-date hazard register were reviewed. Health and safety policies are implemented and monitored by the health and safety committee. Staff are kept informed on health and safety issues in handovers, meetings and via toolbox talks. In the event of an adverse event, a debrief process is documented on the adverse event form. Electronic reports are completed for each adverse event, and a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in the adverse event forms reviewed.</p>
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		<p>Adverse event data is collated monthly and analysed. Staff have completed cultural competency and training to ensure a high-quality and culturally safe service is provided for Māori. The service collects ethnicity data during the resident's entry to the service and is reviewing quality data in relation to improving health equity, through critical analysis of data and organisational practises.</p> <p>Discussions with care home manager, and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications or severity assessment code (SAC) reports to the Health Quality and Safety Commission required to be completed and no outbreaks since the previous audit.</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>A staffing policy is in place and describes rostering and staffing ratios in an event of acuity change and outbreak management. The care home manager confirmed at interview staff needs and weekly hours are included in the weekly report provided to the executive director. The roster provides sufficient and appropriate coverage for the effective delivery of care and support and meets the contractual requirements with Health New Zealand. Staffing is flexible to meet the acuity and needs of the residents, confirmed during interviews with both managers and staff.</p> <p>The care home manager, and clinical manager work full time from Monday to Friday and are on call 24/7 for any non-clinical and clinical issues, respectively. At least one registered nurse is rostered across morning, afternoon and night shifts. Vacant shifts are covered by available healthcare assistants and registered nurses. The registered nurses performs the clinical manager's role in her absence, and the clinical manager would work in the care home manager's role in their absence.</p> <p>Interviews with staff noted that when occupancy changes staffing numbers will increase or decrease. The care home manager stated healthcare assistants' turnover had been stable. The clinical manager and other senior registered nurses provide clinical support after hours and in the weekends. The care home manager provides</p>

		<p>non-clinical on-call support. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes. Interviews with residents and family/whānau confirmed staffing overall was satisfactory and residents confirmed their care requirements are attended to in a timely manner.</p> <p>There is an annual education and training schedule implemented. The education and training schedule lists compulsory training which includes cultural awareness training. Toolbox talks are held when required at handovers. External training opportunities for care staff include training through Health New Zealand and the Nurse Maude service. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. On interview, staff confirmed a knowledge of Te Tiriti o Waitangi and cultural practices relating to Māori. The service shares health information (including Māori) collated with the quality data at all facility meetings. The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 27 healthcare assistants employed; 13 healthcare assistants have achieved level four and seven have a level three NZQA qualification.</p> <p>A competency assessment policy and process is in place and staff are required to complete competency assessments as part of their orientation. Competency assessments include (but are not limited to) restraint; moving and handling and back care; hand hygiene; and donning and doffing personal protective clothing. A selection of healthcare assistants have completed medication administration competencies. A record of completion is maintained on an electronic human resources system. Additional registered nurse specific competencies include (but are not limited to) syringe driver, and interRAI assessment competency. There are six registered nurses (including the clinical manager) who are interRAI trained. All registered nurses are encouraged to attend in-service training on outbreak preparedness, wound management, pain management, medication, and training related to specific conditions. Wellbeing support is provided to staff. Staff reported the management team are supportive.</p>
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<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>	<p>FA</p>	<p>Human resource policies including recruitment, selection, orientation and staff training and development are in place. Eight staff files were reviewed, including one clinical manager, one registered nurse, four healthcare assistants, one activities coordinator and one maintenance person. Job descriptions are in place for all positions and includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Staff files reviewed included a signed employment contract, job description, and induction documentation relevant to the role the staff member is in. Further to this, there are job descriptions for roles which have extra responsibilities and additional functions, such as holding a health and safety portfolio or infection prevention portfolio; these are signed and on the personal file. A register of registered nurse practising certificates are maintained within the facility.</p> <p>Practising certificates for other health practitioners are also retained to provide evidence of their registration. Staff who have been employed for over one year had an annual performance appraisal completed. An induction programme provides new staff with relevant information for safe work practice. Competencies are completed at orientation. The service has a role-specific induction programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. The service demonstrates that the induction programme supports registered nurses and healthcare assistants provide a culturally safe environment to Māori.</p> <p>Healthcare assistants interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role. There are currently no volunteers. Information held about staff is kept secure, and confidential in an electronic database. Ethnicity and nationality data is identified during the employment application stage. The service is collecting and collating ethnicity data and reporting it at a governance level. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. There is wellbeing support available to staff.</p>
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<p><b>Subsection 2.5: Information</b></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>Clinical records policy and processes are in place. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and is password protected. There is a documented business continuity plan in case of information systems failure. Electronic resident management and medication systems are in place, both systems are protected from unauthorised access. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Residents or staff archived files are securely stored.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. The nurses' station is an area where medications are stored. The service is not responsible for National Health Index registration.</p>
<p><b>Subsection 3.1: Entry and declining entry</b></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>Residents who are admitted to Holmwood Lifecare are assessed by the needs assessment service coordination (NASC) team to determine the required level of care. Completed NASC authorisation forms for the residents' appropriate level of care were sighted in the clinical record. The care home manager and clinical manager screen prospective residents prior to admission.</p> <p>A policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were documented and communicated to the EPOA and whānau/family of choice and, where appropriate, local communities and referral agencies.</p> <p>The records reviewed confirmed that admission requirements were conducted within the required timeframes and signed on entry. Family/whānau were updated where there was a delay in entry to the service. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information</p>

		<p>regarding the services provided.</p> <p>The care home manager reported that all potential residents who are declined entry are recorded. When an entry is declined, the resident and family/whānau are informed of the reason for this and made aware of other options or alternative services available. The resident and family/whānau is referred to the referral agency to ensure the person will be admitted to the appropriate service provider. Routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori, is implemented.</p> <p>The service has existing engagements with local Māori communities, health practitioners, and organisations to support Māori individuals and whānau. The clinical manager confirmed that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when 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>Seven resident files were reviewed: five hospital files (one resident on a LTS-CHC and one resident funded by ACC); and two rest home files, including one resident on a respite contract. A registered nurse is responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments, long-term care plans reviewed, monthly updates and six-monthly reviews.</p> <p>Holmwood Lifecare utilises a range of risk assessments available on the electronic resident management system alongside the interRAI care plan process. Risk assessments are conducted on admission. The initial care plan is completed within 24 hours of admission. All interRAI assessments and reassessments (except for the respite resident) have been completed within expected timeframes and all outcome scores were identified on the long-term care plans. The residents not on the ARRC contract also had appropriate risk assessments completed (including interRAI) and a detailed long-term care plan in place. For the resident files reviewed, the outcomes of the assessments formulate the basis of the long-term care plan.</p>

	<p>Long-term care plans have been completed within 21 days. Care plan interventions are resident centred and provided guidance to staff around all medical and non-medical requirements. The long-term care plans had detailed interventions to provide guidance for staff. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, medication changes, and wounds, and are signed off when resolved or moved to the long-term care plan. Evaluations were completed at the time of interRAI re-assessments (six-monthly) for four of the eight resident files reviewed and when changes occurred earlier as indicated. The other residents did not require evaluations or were on respite care. Evaluations documented the progression towards goals. Written evaluations reviewed and those documented in the resident's six-monthly review identify if the resident's goals had been met or unmet.</p> <p>Holmwood Lifecare contracts a nurse practitioner service for weekly visits, and the medical practice is available on call 24/7 for the service. The nurse practitioner had seen and examined the residents within two to five working days of admission and completed three-monthly reviews. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The nurse practitioner (interviewed) commented positively on the service and confirmed appropriate and timely referrals were completed. The nurse practitioner noted they were happy with the competence of the registered nurses, care provided and timely communication when there are residents with clinical concerns.</p> <p>Resident files identify the integration of allied health professional input into care and a team approach is evident. A physiotherapist visits weekly and is supported by a physiotherapy assistant who works two afternoons each week. A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health team, hospice, wound care nurse specialist and medical specialists are available as required through Health New Zealand. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p>
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	<p>Healthcare assistants and registered nurses interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. The handover is between a registered nurse to the incoming registered nurse and healthcare assistants on each shift, and was described by staff as comprehensive in nature. Progress notes are written on every shift by the healthcare assistants and the registered nurses document at least daily for all hospital level care residents and when there is an incident or changes in health status.</p> <p>The residents interviewed reported their needs and expectations are being met and family/whānau members confirmed the same. When a resident's condition changes, the staff alert the registered nurses who then assesses the resident and initiate a review with the nurse practitioner. Family/whānau stated they were notified of all changes to health, including infections, adverse events, nurse practitioner visits, medication changes and any changes to health status and this was consistently documented in the resident files.</p> <p>There were a total of sixteen wounds from ten residents being actively managed across the service. These included abrasions, excoriation, an ulcer, skin tears and lesions. There were three stage I pressure injuries from two residents being managed at the time of audit. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress and evaluation of wounds. Assessments and wound management plans, including wound measurements and photographs, were reviewed. Wound registers have been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. Registered nurses confirmed on interview there is wound care nurse specialist input into chronic wounds as required. Healthcare assistants and registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Care staff complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight;</p>
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		<p>food and fluid; turning charts; blood glucose levels; and toileting regime. These monitoring charts were completed as per care plan. Registered nurses collaborate with healthcare assistants to evaluate interventions for individual residents at risk of falling. Neurological observations are completed for unwitnessed falls or falls involving a head injury as per policy. Opportunities to minimise future risks are identified by the clinical manager in consultation with registered nurses and healthcare assistants.</p> <p>Holmwood Lifecare provides equitable opportunities for all residents, systems, and processes available to support Māori and whānau to identify their own pae ora outcomes in their care plans. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, beliefs, and spiritual needs which are documented in the care plan. The cultural assessment supports kaupapa Māori perspectives to permeate the assessment process. The cultural care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles were included within the cultural care plan.</p> <p>Staff confirmed they understood the process to support residents and family/whānau. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance when required. Cultural assessments were completed by the registered nurses and diversional therapist who have completed cultural safety training in consultation with the residents, family/whānau and EPOA.</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</p>	<p>FA</p>	<p>Activities are conducted by a team comprising of one activity coordinator and an activity assistant. The activities coordinator works Monday to Thursday, and the activity assistant works Wednesday and Thursday afternoon, from 10am to 3pm on Friday and Saturday, with Sunday being kept free for family/whānau visits and outings.</p> <p>The activities were based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities,</p>

<p>suitable for their age and stage and are satisfying to them.</p>	<p>past hobbies, interests, and enjoyments. These assessments were completed within three weeks of admission in consultation with the family/whānau and residents. Each resident had a social and cultural care plan developed detailing the past and present activities, career, and family. A monthly planner is developed, enlarged, and posted on the noticeboards and residents are given an enlarged copy of the planner for their rooms. Daily activities were noted on noticeboards to remind residents and staff. Residents and family/whānau meet monthly to discuss different issues at the facility and provide feedback relating to activities.</p> <p>The activity programme is formulated by the activities team in consultation with the management team, registered nurses, EPOAs, residents, and healthcare assistants. The activities were varied and appropriate for residents assessed as requiring rest home and hospital level of care. Activity participating registers were completed daily. The residents were observed participating in a variety of activities on the audit days that were appropriate to their group settings. The planned activities and community connections were suitable for the residents. Activities reviewed on planners past and present included quiz; housie; floor games; craft; exercises; card bingo; word games; bowls; movies; sensory activities; van outings; music; pet therapy; entertainment; kapa haka by local children; flax weaving; visits from schools; and relaxing time with pampering. The service promotes access to family/whānau and friends. There are regular outings and drives for all residents (as appropriate).</p> <p>The activities coordinator instigated forms providing opportunities for residents to offer suggestions for preferred activities. This initiative has been appreciated by residents and improved satisfaction with the activities programme. Residents had identified through resident meetings and at the September survey that there was a need to increase choice and availability of activities. The management team (including the activities coordinator) decided to offer residents ongoing opportunities to request new activities or special character activities (such as attending a local celebration day specific to a resident). The activities coordinator shared the information from the survey with the residents, that there had been a number of them that had requested the activities that were provided were more appropriate to the needs and requests of the residents. The staff at</p>
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		<p>the appropriate meetings and management considered what they could do to address this and decided to trial having a notice on all noticeboards and at the reception, with an easy to complete (in large print) form giving residents space to record their request (the date and their name if that chose to share it with them). A small survey was done six months after this had been initiated and of the thirteen residents surveyed, eight said they had used the new forms and process to have a new or different activity as part of the programme, and a further two said they would when they needed to. On the days of the audit the forms were visible, and staff all knew what they were for and stated they had completed the form for residents who required assistance to do so. The activities coordinator talked about the increased satisfaction and support they were receiving regarding activities, and that family/whānau had also been empowered to be able to complete this form with residents.</p> <p>The activities staff reported that opportunities for Māori and family/whānau to participate in te ao Māori is facilitated through celebrations of Matariki, Te Tiriti o Waitangi and te wiki o te reo Māori. The monthly programme includes the use of te reo Māori and information relating to Māori language, such as the meaning of a hiko and annual gatherings called Hui Aranga.</p> <p>Family/whānau and residents reported overall satisfaction with the level and variety of activities provided.</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>Holmwood Lifecare has policies available for safe medicine management that meet legislative requirements. The registered nurses and healthcare assistants who administer medications had current medication competencies which were assessed in the last twelve months. Education around safe medication administration is provided.</p> <p>All medication charts are electronic. On the days of the audit, registered nurses were observed to be safely administering medications. The registered nurses and healthcare assistants interviewed could describe their roles regarding medication administration. Holmwood Lifecare uses blister packs for all regular</p>

		<p>and pro re nata (PRN) medicines. All medications once delivered are checked by the registered nurses against the medication chart. Medication reconciliation was conducted by the registered nurse when a resident is transferred back to the service from the hospital or any external appointments. The registered nurse checked medicines against the prescription, and these were updated in the electronic medication management system by the nurse practitioner. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner.</p> <p>Medications were appropriately stored in the medication trolleys and the two medication areas. The medication fridges and medication room temperatures are consistently monitored daily and weekly respectively. All eyedrops and creams have been dated on opening. Medication incidents were completed in the event of a drug error and corrective actions were acted upon.</p> <p>Fourteen medication charts were reviewed. There is a three-monthly review by the nurse practitioner of the medication charts reviewed, and each chart has photo identification and allergy status identified. Indications for use were noted for PRN medications, including over-the-counter medications and supplements. The effectiveness of PRN medications were consistently documented in the electronic medication management system and progress notes. At the time of audit, there was one resident self-administering their medications. The medication policy describes the procedure for residents who self-administer their medication, and this was implemented as per policy, with three-monthly competency assessments and appropriate secure storage in the resident's room.</p> <p>The service does not keep any vaccines on site, and no standing orders are used.</p> <p>There is documented evidence in the clinical files that residents and family/whānau are updated about changes to their health. The clinical manager described how they work in partnership with residents who identify as Māori and their whānau to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</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>The kitchen service complies with current food safety legislation and guidelines. The kitchen manager (interviewed) has oversight of the kitchen and undertakes cooking responsibilities. All food and baking is prepared and cooked on site. Food is prepared in line with recognised nutritional guidelines for older people. The food control plan is current and expires 29 July 2025. There is a four-week seasonal menu which was last reviewed by a registered dietitian in October 2024. Kitchen staff have attended safe food handling training.</p> <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents’ weights are monitored regularly, and supplements are provided to residents with identified weight loss issues.</p> <p>The kitchen and storage areas were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed at least monthly. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. Food is plated in the kitchen and transported to the two dining areas temperature-controlled scan boxes of each wing in temperature-controlled trolleys. Those residents preferring to eat in their rooms have meals delivered on trays with a thermo-cover. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>On the days of the audit, dining at midday was observed. Residents were observed to be chatting amongst themselves and the staff. Family/whānau and residents who were interviewed noted they enjoyed the food and that mealtimes were enjoyable. The dining room is spacious and will accommodate the extra equipment that may be required by an extra nine hospital level residents.</p> <p>The kitchen staff reported that the service prepares food that is</p>
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		<p>culturally specific to different cultures. This includes menu options that can be prepared that are culturally specific to te ao Māori including fried bread, Māori deserts, for special occasions such as Matariki, Māori language week or Waitangi and these are offered to residents. Family/whānau can also bring culturally appropriate food for the residents when they visit.</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>There were documented policies, procedures and processes to ensure the discharge or transfer of residents is undertaken in a timely and safe manner. The registered nurses reported that discharges are normally into other similar facilities or residents following their respite stay. Discharges are overseen by the registered nurses who manage the process until discharge. All discharges or transfers were coordinated in collaboration with the resident, family/whānau and other external agencies to ensure continuity of care. Risks are identified and managed as required.</p> <p>The residents (if appropriate) and family/whānau are involved for all discharges to and from the service, including being given options to access other health and disability services, social support or kaupapa Māori agencies, where indicated or requested. Transfer documents include (but not limited to) transfer form, copies of medical history, admission form with family/whānau contact details, resuscitation form, medication charts, and the most recent medical reviews by the general practitioner or nurse practitioner.</p> <p>Referrals to other allied health providers were completed with the safety of the resident identified. Upon discharge, current and old notes are collated and filed for archiving. If a resident's information is required by a subsequent medical service, a written request is required for the file to be transferred. Evidence of residents who had been referred to other specialist services, such as podiatrists, nurse specialists, and specialists at the local hospital were sighted in the files reviewed.</p> <p>Discharge notes are kept in residents' records and any instructions integrated into the care plan. The clinical manager confirmed 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 has a current warrant of fitness that expires on 20 June 2025. The service is meeting the relevant requirements as identified by relevant legislation, standards, and codes. The service employs an experienced maintenance officer for 30 hours a week. There is a contract gardener working approximately two days per week. Maintenance requests are documented in a log at reception and a second logbook in a central area at the other end of the facility and acted upon in a timely manner. This is checked and signed off when repairs have been completed. There is a preventative maintenance plan that includes electrical checks, call bell checks, calibration of medical equipment, and monthly testing of hot water. Essential contractors such as plumbers, plasterers, carpenters, and electricians are available 24 hours a day as required. Electrical equipment is checked for compliance, and this was completed in November 2024. Annual checking and calibration of medical equipment, hoists and scales was completed in July 2024. There are adequate storage areas for the hoist, wheelchairs, products, and other equipment. The staff interviewed stated that they have all the equipment referred to in care plans to provide care.</p> <p>All residents' rooms are spacious, and each room allows for the safe use and manoeuvring of mobility aids. Staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms, as viewed on the day of audit. All rooms have external windows to provide natural light and have appropriate ventilation and heating with radiators or panel heaters in the rest home and dual-purpose rooms and heat pumps in the care suite rooms. The facility is maintained at appropriate temperatures, with air conditioning units in communal areas and electrical heating in place. The care suites include a kitchenette and have ceiling hoists available. All care suites are single use and include full ensuites with toilets and shower. All other rooms have an individual ensuite. All communal toilets and shower facilities have a system indicating if it is engaged or vacant. All the washing areas have free-flowing soap and paper towels in the toilet areas. Residents and their family/whānau are encouraged to personalise their bedrooms as sighted. Residents interviewed, confirmed their</p>

		<p>bedrooms are personalised according to their individual preferences.</p> <p>The facility is divided into three wings, each with a lounge and a large central dining area. The physical environment supports the independence of the residents. Corridors are wide enough to promote safe mobility. Residents were observed moving freely in their respective areas with mobility aids. There are comfortable looking lounges for communal gatherings and activities. Quiet spaces for residents and their family/whānau to utilise are available inside and outside in the gardens and courtyards. All external areas are well maintained, provide seating and shade and are easily accessible for residents using mobility aids.</p> <p>Environmental improvements since the last audit include an extensive kitchen upgrade, roof replacement and the installation of heat pumps in the medication rooms.</p> <p>This audit has confirmed suitability of eight existing rest home rooms to be used as dual purpose. These rooms are large enough to accommodate mobility equipment including hoists, recliner chairs and commodes. In addition, the service has converted the hair dressing salon to a dual-purpose respite room. A designated communal toilet and shower is located in close proximity to the room and is of sufficient size to enable hoist transfers if required. The converted room is suitable for residents on respite at rest home or hospital level. This will increase the total bed numbers to 46; all of which are dual purpose beds. A new staff toilet and hair dressing salon have been created in the Tui wing.</p> <p>The service has no current plans to build or extend; however, should this occur in the future, the service will consult with local Māori to ensure aspirations and Māori identity is included.</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>FA</p>	<p>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A fire evacuation plan in place was approved by the New Zealand Fire Service on 8 October 1996. A</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>trial evacuation drill was performed on 26 February 2025. The drills are conducted every six months. The staff orientation programme includes fire and security training.</p> <p>There were adequate supplies in the event of a civil defence emergency, including food, water (more than the required four litres per person per day for at least three days), candles, torches, continent products, and a gas BBQ. There is an arrangement for preferential supply of generators to power the facility if there is a power outage when required. The maintenance person and other key staff have been trained to operate these. The registered nurses and a selection of healthcare assistants hold current first aid certificates, ensuring there is a first aid trained staff member on duty 24/7. Staff interviewed confirmed their awareness of the emergency procedures.</p> <p>The service has recently installed a new call bell system in place that is used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell in their rooms, ensuites, and communal areas. On the days of the audit, staff were observed to be responsive to call bells when they were activated by residents. Residents and family/whānau confirmed that staff respond to calls promptly.</p> <p>Appropriate security arrangements are in place. Closed circuit television monitor external entrances. All external doors are alarmed and activated at night. Doors are locked at sunset and unlocked at sunrise. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. Staff complete regular security and safety checks overnight. There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service.</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. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) are an integral part of the business plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection prevention and control programme. The infection prevention and control and antimicrobial stewardship (AMS)</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>programmes are linked to the business plan. Expertise can be accessed from the nurse practitioner, Public Health, and Health New Zealand, who can supply the service with infection prevention and control resources.</p> <p>There are policies and procedures in place to manage significant infection prevention and control events. Any significant events are managed using a collaborative approach and involve the infection prevention and control coordinator, nurse practitioner and the public health team as required. Information regarding any significant events are reported by the care home manager to the executive director.</p> <p>Infection prevention and control reports are also discussed at the management, and staff meetings.</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. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control coordinator is the clinical manager and has been in the role for three years. A documented and signed role description for the position is in place. The infection prevention and control coordinator reports to the care home manager. The infection prevention and control and antimicrobial stewardship (AMS) programmes have been approved by the management team and are reviewed annually by the infection control coordinator. There are adequate resources to implement the infection prevention and control programme at Holmwood Lifecare. The infection prevention and control coordinator is responsible for implementing the infection prevention and control programme, liaises with management and staff who meet monthly as part of the meeting schedule. Infection prevention and control is included as part of the clinical meetings. The overall effectiveness of the programme is monitored by the management team. The infection prevention and control coordinator has input when infection prevention and control policies and procedures are reviewed.</p> <p>There are documented policies and procedures in place that reflect current best practice relating to infection prevention and control and include policies for hand hygiene; aseptic technique; transmission-based precautions; prevention of sharps injuries; prevention and management of communicable infectious diseases; outbreak</p>

		<p>management; single use items; hospital acquired infection (HAI); and the built environment.</p> <p>Infection prevention and control resources, including personal protective equipment (PPE), were accessible and observed to be used appropriately. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. There is a pandemic response plan in place which is reviewed and tested at regular intervals.</p> <p>The infection prevention and control coordinator is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection prevention and control training is included in the mandatory education plan. Staff have completed infection prevention and control education in the last 12 months. The infection prevention and control coordinator has access to an online training system with resources, guidelines, and best practice. The infection prevention and control coordinator completed the infection prevention and control audits.</p> <p>The care home manager (RN) has responsibility for purchasing consumables with support and input from the infection prevention and control coordinator as required. There is a policy in place for decontamination of reusable medical devices and this is followed. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service has completed cleaning and environmental audits to safely assess and evidence these procedures are carried out. Aseptic techniques are promoted through handwashing, sterile single use wound packs for wound management, and catheterisations. Educational resources in te reo Māori are accessible and available. Residents receive education at the time of their personal cares. Staff are trained to ensure they provide cultural safety.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to</p>	<p>FA</p>	<p>There are approved policies and guidelines for antimicrobial prescribing. The documented antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates</p>

<p>responsible antimicrobial use.  Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.  As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>are monitored monthly and reported to the relevant meetings. The nurse practitioner is responsible for any prophylactic use of antibiotics.</p> <p>The service monitors antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Discussion of antibiotic use takes place on an individual resident basis and at senior management level and is reported to the Board of Directors. The clinical manager (infection prevention and control coordinator) confirmed they monitor the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects, and identify areas for improvement. A quality initiative is being implemented on reducing urinary tract (UTIs) and skin infections, with the introduction of new protocols to reduce UTIs and use and management of linen. Both of these new strategies have seen a reduction in these infections. At interview, care staff, nurse practitioner and registered nurses were able to discuss the new protocols and have received education regarding these. The clinical manager and nurse practitioner monitors the prescribing of or use of antibiotics.</p> <p>Prescribing of antimicrobial use is monitored, recorded, and analysed with the effectiveness of the Holmwood Lifecare AMS programme and reported through to the executive director through the newly implemented clinical governance group.</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.  Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.  As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance is an integral part of the infection prevention and control programme. The purpose and methodology are described in the infection prevention and control policies that are in use. The infection prevention and control reports are completed by the infection prevention and control coordinator with data tabled in the infection prevention and control analysis reports. Infection prevention control activities, resources and education needs are informed by surveillance data.</p> <p>Monthly infection data is collected for infections through the electronic quality system. Infection prevention and control data is tabled monthly and meeting minutes evidence discussion and</p>

		<p>improvements made to service delivery. Trends are identified and analysed, and corrective actions are established where trends are identified.</p> <p>Ethnicity data is included in data analysis. Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection.</p> <p>Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed and requirements if appropriate for isolation. There have been no outbreaks since the previous audit.</p> <p>Hand sanitisers are available for staff, residents, and visitors to the facility.</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>The facility implements waste management policies that meet legislative and local council requirements. Policies include considerations of staff orientation and education; incident/accident, and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste. Material safety data information sheets are available and accessible to staff in relevant places, such as the laundry and sluice rooms. Staff receive training and education in waste management and infection prevention and control as a component of the mandatory training. Infection prevention and control internal audits are completed by the infection prevention and control coordinator.</p> <p>Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks. Sluice rooms include sanitisers and adequate supplies of PPE, including eye wear.</p> <p>Cleaning services are provided seven days a week. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated</p>

		<p>locked rooms for the safe and hygienic storage of cleaning equipment and chemicals. Household personnel are aware of the requirement to keep their cleaning trolleys in sight and were observed to do so during the audit. Chemical bottles/cans in storage and in use were noted to be appropriately labelled. Cleaning staff have completed chemical safety training.</p> <p>The safe and hygienic collection and transport of laundry items was witnessed. All the laundry, resident's personal clothing, linen, towels, other and mop heads are laundered on site. Visual inspection of the on-site laundry area demonstrated the implementation of a clean/dirty process. Residents' clothing is labelled and personally delivered to their rooms by staff. Residents and family/whānau confirmed satisfaction with laundry services in interviews and in satisfaction surveys. Any issues that arise are immediately addressed.</p> <p>A policy is in place to provide direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. The policy details consultation by the infection prevention and control coordinator. There were no construction, installation, or maintenance projects in progress at the time of the audit.</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>Holmwood Lifecare is committed to providing service to residents without use of restraint. Policies and procedures meet the requirements of the Standard. The restraint coordinator (clinical manager) is responsible for monitoring restraint use and implementation of the policy within the service. Restraint use and strategies to minimise the use of restraint is discussed in the quality and staff meetings, and to the director via the care home manager. Interview with the restraint coordinator and the care home manager confirmed that restraints are used as a last resort and the service is committed to a restraint-free environment.</p> <p>Restraint policy confirms that restraint consideration and application must be done in partnership with residents, family/whānau, and the choice of device must be the least restrictive possible. At all times</p>

		<p>when restraint is considered, Holmwood Lifecare will work in partnership with Māori, to promote and ensure services are mana enhancing. A review of the documentation available for any potential residents requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process would include input from the resident, family/whānau, nurse practitioner, and restraint coordinator.</p> <p>At the time of the audit, the facility was restraint free. The restraint coordinator has a defined role of providing support and oversight for any restraint management. There are clear lines of accountability. Staff have been trained in the least restrictive practice, safe restraint practice, alternatives, cultural-specific interventions, and de-escalation techniques.</p>
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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.

No data to display
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End of the report.