

Agape Care Limited - Milton Court Rest Home

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: Agape Care Limited

Premises audited: Milton Court Rest Home

Services audited: Rest home care (excluding dementia care); Dementia care

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

Proposed changes to current services (if any): This audit verified one room as suitable for a double room in the rest home area.

Total beds occupied across all premises included in the audit on the first day of the audit: 31

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
	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

Milton Court provides rest home and dementia level care for up to 36 residents. On the day of the audit there were 31 residents.

This certification audit was conducted against the relevant Nga Paerewa Health and Disability services standards 2021 and the contract with Health New Zealand. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, family/whānau, staff, management, and a general practitioner.

An experienced aged care team oversees the service. The owner/manager (registered nurse) has 19 years' experience since purchasing the facility in this role. An experienced registered nurse supports the owner/manager. Staff have worked as a team to continue to provide a high quality of care as stated by residents and family/whānau interviewed who were very complimentary of the service provided. Quality systems are established, and a culture of quality improvement has been embedded into the delivery of services and care.

A shortfall has been identified regarding the use of the severity assessment codes.

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.

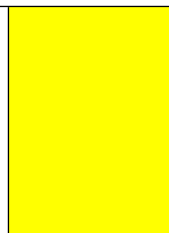


Subsections applicable to this service fully attained.

The service functions in a way that complies with the Health and Disability Commissioner Code of Health and Disability Services Consumers Rights (the Code). Residents receive services in a manner that considers their dignity, privacy, and independence. Milton Court provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens to and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

Hunga mahi me te hanganga | Workforce and structure

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



Some subsections applicable to this service partially attained and of low risk.

There is a mission statement and philosophy that relates to aged care. The owner/manager provides a monitoring role and is in the governance position as owner of the facility. The service has effective and organisation-wide governance systems in place relating to continuous quality improvement that takes a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, a staff meeting, and collation of data were all documented as taking place as scheduled, with corrective actions as needed.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. 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 is accurate, sufficient, 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 by the needs assessment service coordination team prior to entry as needing rest home or dementia care. Accurate information is available in an information pack and on the website. Prior to entry, residents and their family/whānau can visit the facility and meet with staff.

On the day of admission, the registered nurse undertakes a detailed and holistic assessment to identify residents' needs and preferences. From this, an initial care plan is developed. Within three weeks, a long-term care plan is developed in collaboration with the resident and their family/whānau. Medical care is provided by a contracted general practitioner who sees residents within one week of entry and three-monthly thereafter. A multidisciplinary approach is taken in evaluating care plans and residents and family/whānau have input into care plan evaluation. Clinical notes are fully integrated, with all members of the multidisciplinary team contributing.

Both group and individual activities are planned by an activities coordinator who identifies residents' interests and aspirations. Activities are aimed at enhancing physical strength and balance and mental and social wellbeing.

Medication management policies comply with legislation. Staff are competency assessed on an annual basis. Changes in medications are discussed with residents and their family/whānau.

All food is prepared and cooked on site. The menu is reviewed by a registered dietitian and varies according to the season. The kitchen is well organised and clean. Nutritional supplements prescribed by a dietitian or general practitioner are available. Snacks are available 24/7.

Transfer and discharge are planned processes that are communicated to residents and family/whānau.

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 building has a current warrant of fitness. The building and grounds are well maintained. Equipment is checked and maintained. There is an approved evacuation scheme. Security checks are maintained to ensure the building is secure at night. There is sufficient drinking water, food, and supplies in the event of a disaster. There is access for a generator from a sister facility if the main supply is down.

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.
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The implemented infection prevention and antimicrobial stewardship programme is appropriate to the size and complexity of the service. A trained infection prevention coordinator leads the programme. Specialist infection prevention advice is accessed when needed.


There are processes in place for the management of waste and hazardous substances. All staff have access to appropriate personal protective equipment.

Cleaning and laundry processes are sufficient to cover the size and scope of the service. Cleaning and laundry processes are monitored for effectiveness.

Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through regular education. There are ample supplies of personal protective equipment available and in use by staff.

Surveillance of healthcare associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There has been an infection outbreak reported since the last audit that was managed in an appropriate manner.

Here taratahi | Restraint and seclusion

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

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	26	0	1	0	0	0
Criteria	0	167	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>There is a Māori health plan and cultural safety policy to guide staff in the delivery of culturally safe care. The owner/manager and the registered nurse along with staff were able to describe how the plan and policy were implemented during service delivery.</p> <p>The owner/manager and the registered nurse identify cultural needs through the initial assessment process, where residents and family/whānau are asked about the values, beliefs, and preferences they have. Family/whānau are also included in the service wherever possible, recognising the importance of their role in the care journey. The assessment leads to the creation of a personalised care and activity plan that reflects and respects each resident's cultural identity. Staff stated that they work to eliminate any barriers by being open, respectful, and flexible and by making sure Māori residents and their family/whānau feel heard, understood, and comfortable. Cultural safety is a priority, and the owner/manager and the registered nurse encourage staff to build respectful relationships and continue learning about Māori customs, language, and practices. A review of a Māori health assessment and plan confirmed that this reflected cultural needs of Māori.</p> <p>The owner/manager and the registered nurse keep in touch with</p>

		<p>local Māori health providers and community groups so that the service can stay connected and get support when needed. Staff are also happy to involve kaumātua or other cultural leaders relative to the individual resident when they request this. Māori residents interviewed stated that they feel understood and supported. There are staff who can speak te reo Māori and they can also give advice and support for other staff and for Māori residents and family/whānau. The service is person-centred but does take a Māori-centred approach for the resident who identifies as Māori.</p> <p>Cultural training for staff begins during their orientation, continues as a regular in-service topic, and includes a cultural competency assessment. Training covers discussions in relation to the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents. Staff have received training on cultural awareness in 2024 or in 2025. Staff value and encourage active participation and input of the family/whānau in the day-to-day care of residents. Staff have access to relevant tikanga guidelines.</p> <p>All care staff (registered nurse, three caregivers and the cook), and the owner/manager interviewed were aware of the importance of family/whānau in the delivery of care for Māori residents. The owner/manager stated that there had been a successful focus on actively recruiting Māori staff.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of the Pacific culture. The Pacific health plan has been written with Pasifika input.</p> <p>There were residents who identified as Pasifika on the day of audit. Family/whānau of Pacific residents stated they were encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs are documented in</p>

		<p>their care plan and activities plan for all residents.</p> <p>The owner/manager described how they encourage and support any applicants who identify as Pasifika during the interview process. There were staff who identified as Pasifika at the time of the audit.</p> <p>The owner/manager and the registered nurse keep in touch with local Pacific community groups and health providers, and both stated that they are open to reaching out for advice or support when needed. Care staff also encourage family/whānau to be involved and let staff know how the service can better support their loved ones needs. A key goal in policy and practice is to make sure Pacific residents feel at home and well cared for and to achieve equity and efficient provision of services for Pacific peoples.</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>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The owner/manager or the registered nurse discuss aspects of the Code with residents and their family/whānau on admission. Residents, or their enduring power of attorney (EPOA) sign to acknowledge that they have been provided with written information explaining the Code and its application to an aged care environment.</p> <p>Discussions relating to the Code are held during the resident meetings. All four rest home residents and three family/whānau interviewed (two with a resident in the dementia unit and one with a resident in the rest home) reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful. There are links to spiritual supports.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents at the entrance and in the entry pack of information that is provided. Staff receive education in relation to the Code, which includes understanding the role of advocacy services. Advocacy services are linked to the complaints</p>

		<p>process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews and in policy.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The owner/manager and care staff interviewed described how they support residents to choose what they want to do. This included choice of clothes to wear, food to eat, activities they wish to engage in etc. All residents interviewed stated they had choice and were encouraged to plan their days according to their wishes. This would also include encouraging residents to speak te reo Māori if they wished and to find support from other providers or family to help with ensuring tikanga was respected.</p> <p>A social profile is developed on admission with the resident and family/whānau members which includes daily routines and what is important to the resident. The profile aligns with what the resident enjoys participating in. Staff also respect any residents wishes to not engage in activities offered. 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. A care plan is developed on admission with the resident and family/whānau members which includes daily routines and what is important to the resident. Cultural and spiritual values and beliefs are included in the assessment, care plan, and activities plan for each individual resident which is developed by the registered nurse in partnership with staff, the resident and family/whānau. Cultural activities are also included as part of the activities programme. Te reo Māori and tikanga Māori are reflected in the care plan reviewed for a resident who identifies as Māori.</p> <p>The services annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. This was confirmed during interviews with residents and family/whānau who all stated that staff show respect at all times.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated</p>

		<p>how they respect residents right to have space for intimate relationships. Staff stated that they are aware of relationships that are formed during the residents stay and support residents to manage these.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents are called by their preferred name with this documented in the resident record. Privacy is ensured and independence is encouraged. There are two rooms in the dementia unit for married couples or partners; however, both were only used by one resident on the day of audit. One room in the rest home area was verified as suitable for use as a double room and is currently occupied by a married couple. The facility has left another single room empty in the rest home in case these residents require or request a room of their own.</p> <p>The vision, mission and values of the organisation are documented in the welcome pack given to potential residents and family/whānau. The underlying statement is a commitment to care with dignity. The philosophy at Milton Court is a commitment to meet the emotional, spiritual, and physical needs of those in care. 'We believe that care must be delivered with compassion, professionalism and empathy in a safe environment'.</p> <p>Cultural training was last completed in 2024 and 2025 with this include training around Te Tiriti o Waitangi. The services annual training plan demonstrates training that is responsive to the diverse needs of people across the service.</p> <p>A spirituality policy is in place. There are links to spiritual supports including links with church ministers, noting that visits are arranged for individual residents as per their wishes.</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</p>	<p>FA</p>	<p>The abuse and neglect policy is being implemented. Milton Court policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to acknowledge cultural diversity. Staff are educated on how to value the older person, showing them respect and dignity. All residents and family/whānau interviewed confirmed that the staff are very</p>

<p>safe and protected from abuse.</p>		<p>caring and supportive.</p> <p>The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with the owner/manager and caregivers confirmed their understanding of professional boundaries, including the boundaries of their job role and responsibilities. Professional boundaries are covered as part of orientation. All residents and family/whānau interviewed stated that staff act professionally and manage appropriate boundaries. The owner/manager and registered nurse stated that they encourage residents to discuss any issues and would ensure that re-victimisation would not occur. Staff interviews confirmed that they would be comfortable addressing racism with management if they felt that this was an issue.</p> <p>A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for Māori residents. The owner/manager has an open-door policy with residents and/or family able to talk or discuss issues at any time. The registered nurse and staff are also approachable as confirmed by residents and family/whānau interviewed.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Resident meetings are held twice a year which provide a forum for residents (and any family who choose to come) an opportunity to discuss any issues. Residents and family/whānau are able to discuss any issues directly with the owner/manager, registered nurses, or any other staff as confirmed in interview with staff and the residents. All residents and family/whānau stated that they had been kept well informed of any changes to the service in response to Covid restrictions and impact, for example on visiting times.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Ten accident/incident forms reviewed that occurred in 2025 confirmed that family/whānau were informed of each event. Family/whānau interviewed all stated that they were informed of any changes or</p>

		<p>incidents in a timely manner.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English or who did not have family/whānau or staff who could talk with them. Information is able to be provided in large print when required and staff were observed to speak loudly and clearly to residents who had hearing difficulties.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as dentists, medical and nursing specialists. The GP confirmed that the registered nurse communicates with them in a timely manner with any directions given passed on to staff and residents.</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>	<p>FA</p>	<p>The resident files reviewed included signed general consent forms and other consent to include vaccinations. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. There are tikanga best practice guidelines for staff to access.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place as per policy. Discussions with family/whānau demonstrated they are involved in the decision-making process, and in the planning of resident's care. Admission agreements are signed and were sighted in all the files seen. Copies of enduring power of attorneys (EPOAs) and activation letters were on resident files where required. The service has Māori tikanga guidelines available for staff to ensure they can provide appropriate information for residents, family/whānau and in care planning as required. Examples of te reo Māori are evident around</p>

		<p>the building for residents.</p> <p>Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. The resident agreements include information around consent, extra charges, and payment options. Residents and family/whānau interviewed were able to confirm that they had information around services provided and specific information around the level of care to be provided.</p> <p>Competent residents sign an advance directive indicating their wishes around resuscitation. If there is no advance directive for a resident who is no longer able to give informed consent around resuscitation, then the GP signs for a medically indicated 'not for resuscitation' status. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service and is available in te reo Māori. Discussions with residents and family/whānau confirmed they are provided with information on complaints, with complaints forms, and advocacy brochures which are available at the entrance to the facility. Residents have a variety of avenues they can choose from to lodge a complaint or express a concern (e.g., verbally, in writing, through an advocate). Resident meetings are held two times a year and are avenues to provide residents with the opportunity to voice their concerns. The management and staff encourage residents and family to discuss any concerns. It is an equitable process for all cultures.</p> <p>The owner/manager and the registered nurse maintain a record of all complaints, both verbal and written, by using a complaint register. The service has policies and procedures relating to timely follow-up letters, investigation and resolution enabling complaints to be managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There have been three minor complaints in 2024 and none in 2025. All were reviewed during the audit and this confirmed they have</p>

		<p>been resolved to the satisfaction of the complainant and as per timeframes in policy. A complaint from the Health and Disability Commissioner in 2020 has been closed out with no actions required. There have been no external complaints since the last audit.</p> <p>Residents/family making a complaint are supported to involve an independent support person in the complaints process if they choose. The management team acknowledged the importance of face-to-face communication with Māori and maintain an open-door policy.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Milton Court is privately owned and operated under the current ownership since January 2009. The service has one owner (registered nurse with a current annual practicing certificate) who provides full operational and clinical management, leadership, and oversight. The owner also owns another aged care facility that caters for residents requiring dementia care. The manger has completed at least eight hours training relevant to the role. They are supported by the registered nurse who provides clinical oversight and management. The owner/manager is on site two to three days a week (more if required) and there is regular and open communication with the registered nurse. Any risks (potential or those identified) are discussed between the owner/manager and registered nurse in real time.</p> <p>The RN works 40 hours a week at least a week and has been in the role for over nine years. They have had at least eight hours training annually relevant to the role.</p> <p>Milton Court Rest Home provides rest home level of care and dementia level of care for up to 36 residents. There are 16 rest home beds and 20 dementia care beds. On the day of audit there were 13 rest home residents and 18 residents in the dementia unit (a total of 31 residents). All residents were under the Aged Related Residential Care (ARRC) agreement. There are three double rooms, two in the dementia unit (singly occupied) and one (verified at this audit) and is occupied by a married couple in the rest home</p>

		<p>area. The total number of beds remains the same, as the facility has left one room vacant in case one of these residents require or request a single room.</p> <p>There is a documented business plan (2025) which includes a mission, vision, and values along with goals for the business. The business plan is reviewed at the management meeting. Goals include relate to dementia training for staff; a reduction in falls by 20%; an increase in resident engagement in activities; excellence in the infection prevention and control programme; strengthening of family/whānau partnership. There is also a quality plan with indicators and both plans have been reviewed quarterly (noting that the quality plan was only introduced at the end of 2024 with a review in April 2025).</p> <p>The owner/manager has Māori representation to work with the team at a planning and practical level. They could describe the quality and risk management programme and took a governance role in the oversight of implementation Residents receiving services and family/whānau participate in the planning, implementation, monitoring and evaluation of service delivery through the satisfaction surveys, resident meetings, and open-door policies. The owner/manager ensures that staff deliver services that reduce barriers, improve outcomes and achieve equity for tāngata whaikaha people with disabilities. This is part of everyday work at the service. The end of year report that includes a review of data includes any themes and recommendations.</p> <p>An external consultant provides the service with policies and is able to support the owner/manager and registered nurse with Māori input into policy development. There is meaningful Māori representation into business planning and service development with improvements in service delivery. The owner/manager understands cultural risk as demonstrated through the assessment and care planning process. The owner/manager plans to be able to demonstrate expertise in Te Tiriti, health equity, and cultural safety as core competencies.</p>
Subsection 2.2: Quality and risk	PA Low	Milton Court has an implemented quality and risk management

<p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>system. Quality and risk performance is reported in the two-monthly staff meetings which is attended by the owner/manager. Annual quality improvement goals are described and include plans to achieve these goals. Interviews with the owner/manager, RN and staff confirmed both their understanding and involvement in quality and risk management practices. There are two monthly staff meetings which are now preceded by a management meeting attended by the owner/manager, RN and caregiver supervisor. The management meetings were started in 2024 and those who attend state that they help identify key issues that can then be taken for discussion to the staff meetings.</p> <p>Policies and procedures align with current good practice, and they are suitable to support rest home and dementia levels of care. Policies are reviewed a minimum of two-three yearly, modified (where appropriate) and implemented. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa standards are processes that provide a critical analysis of practice to improve health equity.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a range of adverse event data and is collated and analysed. An internal audit schedule is implemented. Corrective actions are implemented where improvements are identified.</p> <p>Resident meetings are held twice a year with these held in January and November 2024 and in January and April in 2025. Both residents and family/whānau have provided feedback via annual satisfaction surveys. The resident and family/whānau completed in July 2024 indicates that residents have high levels of satisfaction with the services received. No corrective actions were required. Survey results were discussed in the resident and staff meetings. There are also post admission surveys completed after the resident has been in the service for six weeks. All were happy with service delivery and there were no opportunities for improvement.</p> <p>Health and safety policies are implemented and monitored. The owner/manager, RN and staff are kept informed as evidenced in</p>
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		<p>staff meeting minutes. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made as evidenced in the accident/incident reports reviewed.</p> <p>The owner/manager and the registered nurse are aware of situations that require essential notifications. Section 31 reports have been submitted to HealthCERT as required since the previous audit. The service is not currently using the Severity Assessment Code although information around what this is has been accessed.</p> <p>Staff have completed cultural training to ensure the service can deliver high quality care for Māori. Quality domains are linked into the quality framework per se as the service does focus on resident engagement and participation (through an open door policy, surveys and resident meetings); clinical effectiveness through training and access to Health NZ staff; quality improvement and resident safety through the health and safety programme; and engagement of the workforce through staff meetings and again, an open door policy whereby staff or residents or others can access the owner/manager at any time. The service analyses use of te reo Māori, tikanga and cultural practices through review of the care plans. Ethnicity data is collected.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a rostering and staff allocation policy that describes rostering and references staffing and acuity levels of residents. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. Both areas are fully staffed.</p> <p>The owner/manager is on site during the week with the RN also on site five days a week. Both are on call when required. Interviews with the caregivers, family/whānau and residents confirmed that here are always sufficient staff on duty. Staff are replaced when on leave as confirmed in rosters reviewed for the past two months. All stated that call-bells were answered in a reasonable time. There is also a supervisor (caregiver) who provides oversight and support for caregivers on the morning shift (7am-5pm) seven days a week.</p> <p>The service supports and encourages support workers to obtain a</p>

		<p>New Zealand Qualification Authority (NZQA) qualification. There are ten caregivers (out of 13) who work in the dementia unit. Six have completed NZQA L4 certificate with dementia and four are in training. Those in training are scheduled to complete the course by 30 May 2025. All caregivers have at least a level three qualification.</p> <p>There is an annual education and training schedule being implemented that includes mandatory training across 2024 and 2025. Cultural training was provided last in 2024 or 2025 for all staff. Training has included cultural safety, identifying inequities, Māori basic words, discrimination, racism, challenging behaviours, falls, mobility, health and safety, abuse, resuscitation, informed consent, sexuality and intimacy.</p> <p>Training for the owner/manager and RN is linked to external education provided by the Health NZ and other external providers. The RN has completed the level 4 including dementia certificate; an interRAI refresher; hospice end of life for people in dementia; falls prevention in older adults with the gerontology nurse specialist; palliative care with hospice; wound management; elder abuse (Health NZ); infection prevention and control and Tiriti o Waitangi. The RN and owner/manager attend online quarterly meetings for RACIP (Residential Aged Care Integration Programme). The registered nurse is interRAI trained.</p> <p>A competency programme is in place. Core competencies around medication management have been completed for all care staff including the registered nurse and the activities coordinator.</p> <p>The service has continued to encourage staff to participate in learning opportunities that provide them with literature on Māori health outcomes, disparities, and health equity. Equity training has been made available. The service is encouraging staff to focus on equity for Māori through training, encouragement to review relevant literature and to use decision making tools that are focused on achieving health equity for Māori. The owner/manager is very supportive of staff and understands the need at times for staff to talk over issues or difficult situations. There is an EAP programme in place for staff to access if they wish.</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>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed (RN, cook, and three caregivers including one supervisor) evidenced implementation of the recruitment process, employment contracts, police checks and completed orientation.</p> <p>Position descriptions reflect expected positive behaviours and values. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint portfolio or infection prevention portfolio.</p> <p>A register of practising certificates is maintained with the owner/manager and registered nurse both having a current annual practicing certificate. All staff have had an annual performance appraisal.</p> <p>The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes is relevant to all staff.</p> <p>Information held about health care and support workers is accurate, relevant, secure, and confidential. Ethnicity data is collected, recorded, and used in accordance with Health Information Standards Organisation (HISO) requirements and as per policy. Staff engage in debriefing after any incident as part of the staff meetings or earlier with the owner/manager if required.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is</p>	<p>FA</p>	<p>Policies and procedures are held electronically. The system is backed up and password protected. The resident files are paper based and appropriate to the service type. Records are uniquely identifiable, legible, timely, signed, and dated, and include the name and designation of the service provider, following professional guidelines and sector standards.</p> <p>Residents entering the service have all relevant initial information</p>

<p>accurate, sufficient, secure, accessible, and confidential.</p>		<p>recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Hard copies of documents such as informed consent forms are protected from unauthorised access by being held securely, kept in a separate electronic folder.</p> <p>Residents' files demonstrated service integration. Entries were legible, timed, dated and included identification of the writer (relevant caregiver, registered nurse, or owner/manager), including designation.</p> <p>As part of their internal audit programme, service providers regularly monitor their records as to the quality of the documentation and the effectiveness of the information management system. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Prospective residents are assessed by the needs assessment and service coordination (NASC) team as requiring rest home or dementia care. Prior to entry, prospective residents and their family/whānau are invited to visit the facility and meet with staff. An information pack is available for them to take away and there is further information available on the internet.</p> <p>The admission, discharge and transfer policy specify the entry criteria, and the processes and documentation required on admission. The policy specifies the admission process must comply with legislation, particularly maintaining a person's right to be kept informed and to respect their dignity, beliefs, and values.</p> <p>If a prospective resident does not meet the entry criteria, they and their family/whānau are informed and referred back to needs assessment and coordination. Staff collect data on admissions and declined entries and this data includes ethnicity. Information, including the Code, is displayed in the entranceway and are available in English and te reo Māori. The service has established links with local Māori and staff who identify as Māori are available to</p>

		support Māori residents and their family/whānau.
<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>	FA	<p>Six resident files were reviewed: three rest home and three in the dementia unit. An initial assessment is completed on the day of admission by the registered nurse. From the initial assessments, an initial care plan is developed. Family/whānau interviewed confirmed they were involved in the initial assessment and care planning process. The registered nurse completes interRAI assessments for residents, who require these on admission.</p> <p>Within three weeks of admission, a detailed long-term care plan is developed which reflects the interRAI assessment and all clinical needs were addressed in the files reviewed. The dementia unit files contain additional information on strategies to manage challenging behaviour. All residents had interRAI assessments completed.</p> <p>Long-term care plans are reviewed at six-monthly intervals following the interRAI reassessment by the registered nurse. Family/whānau and residents interviewed confirmed they are involved in care plan reviews. The registered nurse consults with the healthcare assistants and the activities coordinator when reviewing care plans. Short-term care plans are used to address short-term needs such as wounds or infections. Between shifts there was handover and any concerns are communicated. Progress notes are documented by staff every shift.</p> <p>Medical care is provided by the resident's general practitioner who does an initial assessment within five working days. Reviews occur at least three-monthly or sooner if needed. The GP practice and the after-hours service provide out of hours medical support. The GP visits the facility once a week to undertake three-monthly medical and medication reviews and to see those who needed to be assessed sooner than three months. If there were any changes to medications, the GP stated they would talk to the family/whānau. They were also involved in advanced care planning discussions with family/whānau and residents. They confirmed staff communicate with them in a timely manner if the condition of a resident changes. All resident's files reviewed evidenced six weekly</p>

		<p>podiatrist visits. If needed, the registered nurse could refer residents to a community physiotherapist.</p> <p>The activities coordinator completes an assessment of hobbies, interests and life experiences and uses this information to develop a care plan for group and individual activities. All files reviewed included information about the residents' life experiences and significant events. This information is obtained from the resident and their family/whānau.</p> <p>Monitoring charts sighted in resident's files include monthly vital signs, weights, blood sugars and behavioural monitoring as per care plans when indicated. At the time of the audit, there was one resident with two wounds and no pressure injuries being treated. Each wound has an assessment, management plan evaluation and short-term care plan completed. Incident forms reviewed all have a documented follow up by an RN.</p> <p>The Māori health care plan supports residents and family/whānau, as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the Māori health care plan as sighted on the day of audit. The registered nurse reported any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services would be identified, and strategies to manage these would be documented. Staff confirmed they understood the process to support residents and family/whānau. Residents who identify as Māori confirm their cultural identity is respected and their needs are met. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā and spiritual assistance. Cultural assessments are completed by staff who have completed cultural safety training.</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</p>	<p>FA</p>	<p>There is an activities coordinator 32 hrs per week who is supported by a diversional therapist from the sister facility. They provide activities over five days a week and healthcare assistants have the resources to deliver the program at the weekend. Monthly activity schedules were sighted and showed a range of activities are</p>

<p>maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>available to enhance physical strength and balance, mental stimulation, social engagement, and enjoyment of life. There is a separate programme for the dementia unit and one for the rest home.</p> <p>The programme in the dementia unit involves walking group, van trips, pet therapy and arts and craft as viewed on the day of audit. Rest home residents are independent and enjoy visits to local shopping centre, coffee and visits to local library. A number of residents use scooters to enjoy the area they live in. A local church visits for those wishing to participate in religious practices. Two monthly resident family/whanau meetings are held and one on one discussion with resident ensures that activity plans are designed with the residents. Residents have the choice of a variety of activities in which to participate, and every effort is made to ensure activities are meaningful and tailored to residents' needs.</p> <p>Individual activities care plans are completed, in consultation with residents and their family/whānau. The activities coordinator plans group and individual activities in consultation with residents and their family/whānau and records residents' participation in activities.</p> <p>Activities include celebrating events, and cultural activities are well represented in the overall activity plans. The activities coordinator identifies as Māori along with a number of other staff members. This enables te ao Māori to be an integral part of day-to-day practices. Specific cultural activities include celebrating Matariki and Māori language week, music, dance, arts, entertainment and crafts. During the audit, residents were seen to be enjoying the activities in the rest home and dementia unit.</p> <p>Residents confirmed they are consulted about their interests and aspirations and can choose if they wish to participate. The residents and family/whanau interviewed were happy with the programme. The rest home residents were very independent and guided what they wanted to be involved in.</p>
<p>Subsection 3.4: My medication</p>	<p>FA</p>	<p>The medication management policy and protocols documented align with current legislation and guidelines. An electronic system is</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>in use for documenting photographic identity, prescriptions, administration, and allergies/adverse effects. Staff are required to complete an annual competency assessment by the registered nurse. Completed and current competencies were sighted in staff files.</p> <p>When medicines arrive at the facility, they are checked against the medication chart. Medications are individually packed. The GP prescribes all medications, including over-the-counter supplements. When there are medication changes, the family/whānau and residents are kept informed of the reasons and potential side effects.</p> <p>Medication round was observed. Staff were seen to be following the policy and administering medications safely. Staff were observed to explain to residents what medication they were being administered. Medicines are stored in a locked trolley, which is kept in a locked cupboard. Monitoring of medicine fridge and medication room temperatures were being conducted regularly and deviations from normal reported and attended to promptly. Expired and no-longer used medications are returned to the pharmacy for disposal. Eye drops were dated on opening.</p> <p>The policy covers safe self-administration of medication. At the time of the audit, there were no residents self-administering their medications. There are no standing orders.</p> <p>The registered nurse works in partnership with residents and the general practitioner to ensure residents have access to their regular medications and over-the-counter supplements. Residents interviewed confirmed they are involved in review of their medications. At the time of the audit there were residents who identified as Māori, and the registered nurse could describe providing support and advice to all residents regarding their medications and side effects.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and</p>	<p>FA</p>	<p>All food is prepared and cooked on site by a cook (identifies as Māori) who covers six days a week with support from a second cook. Kitchen staff have been orientated to the service and role and</p>

<p>consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>have completed food safety training. Kitchen staff were seen to be wearing appropriate personal protective clothing.</p> <p>Meals are served directly from the kitchen in the dementia unit. In the rest home, food is delivered in a bain-marie, transported on a trolley, and served by healthcare assistants. Nutritional snacks are available 24/7.</p> <p>Residents are asked on admission about their food preferences, intolerances and cultural needs and this information is communicated to the cook. The menu is seasonal and there is a four-week cycle for each season. The menu was reviewed by a registered external dietitian in April 2025. Residents interviewed confirmed they enjoy the meals. Residents and family/whānau are asked to give feedback on the meals as part of an annual survey. The cook reported that the service prepares food that is culturally specific to different cultures. This includes menu options which are culturally specific to te ao Māori when requested. Meals times observed were calm with staff available to assist and support residents. Residents in the dementia unit were observed to be supported by healthcare assistants and to maintain their independence. Residents are supported to have their meals delivered to their rooms if they wish. Residents were observed enjoying their meals in both dining rooms. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required.</p> <p>The food control plan issued 30 April 2025. The kitchen was observed to be clean and well organised. Dry stored pantry and refrigerator items are labelled with the dates they are opened. Refrigerator and freezer temperatures are monitored daily and maintained at an acceptable temperature. Specialised utensils are available when required.</p> <p>Residents are weighed monthly and if there is loss in weight, consultation occurs with the general practitioner, who refers residents to a dietitian. Food supplements are provided where prescribed. Staff demonstrated their knowledge of tikanga in relation to food management.</p>
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<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>The admission, discharge and transfer policy specify the process and required documentation for transfer and discharge. Interview with the registered nurse confirmed transfer and discharge is a planned process that includes discussion with the resident and their family/whānau. If they are transferring to a higher level of care, the needs assessment and service coordination team completes a re-assessment and family/whānau are informed of their options for entering another aged care facility.</p> <p>A handover occurs between the registered nurse and other facility when a resident is transferred. Medication charts, interRAI documents, enduring power of attorney documents, and resuscitation status are sent with the resident and family/whānau. Where residents wish to be or need to be seen by another health and disability service, including Kaupapa Māori agencies, a referral is made. Staff keep a list of contact details of other health and disability services in the area.</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 facility is inclusive of people's culture and supports cultural practices. The building holds a current warrant of fitness, which is current to June 2025. A part time maintenance manager is supported by a gardener, who address day to day repairs and completes planned maintenance per program. There is a maintenance schedule in place for regular maintenance of the building, grounds, and equipment. This is checked daily and signed off when repairs have been completed. If equipment needs repair or a hazard is identified, this is entered into a maintenance book and remedied as soon as possible. Electrical equipment is tested and tagged annually and was completed March 2025. Hot water temperatures are monitored and within the acceptable ranges. Records sighted of calibration of medical equipment evidenced this has occurred as scheduled. Resident equipment, call bell and hot water checks occur monthly. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/ tradespeople are available 24 hours a day.</p>

	<p>Milton Court is a single level facility with a reception, laundry, offices on entry. Milton Court has a total of thirty-three rooms. They are split into the rest home unit (Topaz) with sixteen single rooms, one room was verified as suitable for a double room, and is accommodating a married couple, with call bells available and privacy maintained. The rooms have a mixture of sinks, toilet and one has an ensuite facility. The rest home communal lounges, hallways and some bedrooms are carpeted.</p> <p>The secure dementia area (Amber and Turquoise) has two double rooms, currently accommodating one resident in each room. Three of which have a sink and toilet, remainder have sinks only. The dementia communal lounges, hallways and bedrooms have vinyl surfaces. The kitchen is located in this area. There is a large enclosed outdoor garden area for the dementia unit which the residents can freely wander. All outdoor areas have seating and shade.</p> <p>Throughout the facility, corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens were well maintained. There is safe access to all communal areas. The resident rooms and communal areas are inclusive of all cultures.</p> <p>All residents' rooms have external windows to provide natural light and have appropriate ventilation and heating. Flowing hand soap, hand sanitiser and paper towels are installed in all areas near hand basins. There are communal toilets and showers. All communal toilets and shower facilities have a system that indicates if it is engaged or vacant.</p> <p>Staff interviewed stated they have adequate equipment to safely deliver care for rest home and dementia level of care residents. Bedrooms are spacious enough for residents to move freely and have their own chairs and personal belongings.</p> <p>The service has no plans to expand or alter the building. The owner manager interviewed were aware of their obligations to consider how designs and the environment reflects the aspirations and identity of Māori.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The fire evacuation plan is posted on the wall near the entrance. This was approved on 21 June 1996. Records show fire drills are held six-monthly (11 April 2025), and staff are trained in emergency procedures.</p> <p>Current first aid certificates were sighted in staff files. Call bells are located in each bedroom. Residents confirmed call bells are answered promptly. The facility is locked at night and if there is a breach of security, staff phone the police. The building is secure with surveillance cameras internally and externally. Staff complete internal security checks after hours. Emergency, disaster policies and procedures are documented for the service. The orientation programme and two-yearly education/training programme include fire, security and emergency/civil defence situations.</p> <p>There are adequate supplies available in the event of a civil defence emergency including food (separate store cupboard), water, total storage 580 litres, torches and other civil defence supplies. There is a generator available for emergency power back-up (from a sister facility) for lights and call bells.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention control and antimicrobial stewardship (AMS) programme is appropriate for Milton Court. Infection prevention and control matters are discussed as part of the staff meetings and is included in the business and quality plans. The infection prevention and control coordinator (RN) who is supported by the owner/manager in their governance role. The infection prevention coordinator can access advice from Health New Zealand infection prevention and control specialist, and the GP. The owner/manager is kept informed of any infections through the RN report and are informed of any outbreaks immediately.</p> <p>There is a process in place to mitigate their risk around pandemics, including Covid-19. Hand sanitisers are strategically placed around the facility. The service offers influenza vaccinations.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The RN is the infection prevention and control coordinator (IPCC) with a job description that outlines the responsibility of the role of infection prevention and control. Infection prevention and control is linked into the quality risk and incident reporting system. The infection prevention and control and AMS programme has been approved by the owner/manager and is reviewed annually, and infection control audits are conducted as part of the annual audit programme. The IPCC has undertaken online education in infection prevention and control and has peer support from the owner/manager.</p> <p>A robust pandemic plan is in place, and there are outbreak kits readily available and personal protective equipment in the storeroom.</p> <p>The infection prevention and control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, and the training and education of staff. Policies and procedures are reviewed by the external provider with input from the owner/manager and IPCC. The policies are available to staff. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use with antiviral wipes and sprays. Reusable eye protection, blood pressure equipment, and hoists are appropriately disinfected between resident use. Single use items (eg, wound packs) are used for their intended purpose then discarded appropriately. The IPCC completes the internal audit. Any corrective actions identified have been implemented and signed off as resolved. The IPCC in collaboration with the owner/manager, is responsible for the purchasing of supplies and equipment and has access to the clinical nurse specialist from Health NZ for advice if required.</p> <p>The service provides te reo Māori information around infection control for Māori residents. The staff are trained in providing culturally safe practices, acknowledging the spirit of Te Tiriti. Staff interviewed were knowledgeable around practicing in a culturally</p>

		<p>safe manner and could provide examples in relation to their roles.</p> <p>The infection prevention and control policy states that the service is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19 with an update given to the RN in 2025 as part of their learning and education. All staff completed infection prevention and control in-services and associated competencies, such as handwashing and the use of personal protective equipment.</p> <p>There an annually reviewed infection control programme completed at the end of December 2024. This included a review of the whole IPCC programme.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is an antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, laboratory results and medical notes. The GP and IPCC monitor antibiotic use. The antimicrobial policy is appropriate for the size, scope, and complexity of the residents. Infection rates are monitored monthly and reported to the management and staff meetings. Prophylactic use of antibiotics is not considered appropriate and is avoided where possible.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity</p>	FA	<p>The infection prevention and control policy describes surveillance as an integral part of the infection prevention control programme. Monthly infection data is collected for all infections based on signs, symptoms, and the definition of the infection. Infections are entered into the infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance results are discussed at management and staff meetings. Meeting</p>

<p>focus.</p>		<p>minutes and data are available for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement.</p> <p>Milton Court receives regular notifications and alerts from Health New Zealand for any community concerns.</p> <p>There was a Covid 19 outbreak in September 2024 in both the dementia and rest home areas. There were 10 residents identified as having Covid in the dementia unit and four residents in the rest home. A full review of the outbreak was completed with family/whānau informed via email or phone especially for those who visit regularly. The outbreak was traced probably to a visitor; however, it was noted that Covid 19 was out in the community at the at the time. There were separate trolleys for linen and food and residents who were identified as having Covid 19 used disposable containers and plates. There were sufficient stocks of PPE. Both the GP and owner/manager notified Public Health. The service uses ethnicity data as part of the surveillance programme.</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>Milton Court has policies regarding chemical safety and waste disposal. The chemicals were clearly labelled with manufacturer's labels and stored in a locked cupboard. There are safety datasheets and product sheets available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff when caring and working with residents. There are sluice rooms with personal protective equipment available, including face visors. Staff have completed chemical safety training.</p> <p>All laundry is managed onsite. There are areas for storage of clean and dirty laundry and a dirty to clean flow is evident. The linen cupboards were well stocked.</p> <p>The cleaning trolleys were always attended and locked away when not in use on the days of audit. All chemicals on the cleaning trolleys were labelled. There is appropriate personal protective clothing readily available. Cleaning and laundry services are monitored through the internal auditing system. The staff</p>

		<p>interviewed demonstrated their understanding of the systems and processes.</p> <p>The IPCC has oversight of the facility testing and monitoring programme for the built environment along with support and input from the owner/manager.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The owner/manager and the registered nurse has an ongoing commitment to remain restraint free. The restraint minimisation and safe practice policy is in accordance with this standard and specifies the directors are committed to a restraint-free environment. At the time of the audit, there were no residents requiring restraint.</p> <p>The restraint policy is aimed towards restraint elimination and confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. The use of restraint is reported and discussed in the staff meetings.</p> <p>Reducing restraint and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>	PA Low	There is evidence to confirm that any incidents or accidents are reported to external providers in a timely manner as per policy. The service has accessed information around the Severity Assessment Code (SAC); however, this has not been operationalised.	SAC ratings are not being applied to adverse events.	<p>Ensure SAC ratings are used for adverse events.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.