

Presbyterian Support Services (South Canterbury) Incorporated - The Croft Complex

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:	Presbyterian Support Services (South Canterbury) Incorporated
Premises audited:	The Croft Complex (Rest Home, Hospital, Dementia Care)
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 6 May 2025 End date: 7 May 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	71

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

The Croft Complex is part of the Presbyterian Support South Canterbury (PSSC) organisation and provides care for up to 79 residents at rest home, hospital level care, dementia, and specialist dementia (psychogeriatric) level of care. Four serviced apartments are certified to provide rest home level care. On the day of audit there were 71 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 general practitioner.

Presbyterian Support South Canterbury has an organisational structure that supports continuity of care and support to residents. Presbyterian Support South Canterbury continue to utilise the Eden model of care and maintain a strong resident focus. The service is managed by the nurse manager who is supported by a clinical coordinator, wellness leader, administration support/care supervisor and the PSSC management team, including the general manager and chief executive officer (CEO). Residents, family/whānau and the general practitioner interviewed spoke positively about the care and support provided.

This certification audit identified the service meets the standard.

The service has been awarded a continuous improvement rating related to the prescribing of antipsychotics for residents in the dementia units.

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 Croft Complex provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan and Pacific health plan are documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports cultural safe care delivery to Pacific peoples. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The staff and management listen and respect the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service.

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 Croft Complex is implementing a quality and risk management programme. Quality and risk performance is reported across various meetings and to the organisation's management team. The service collates clinical indicator data and benchmarking occurs. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. Services are planned, coordinated and are appropriate to the needs of the residents. There are human resources policies including

recruitment, selection, orientation, and staff training and development. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents. 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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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Residents are assessed before entry to service to confirm their level of care. The registered nurses are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated in a timely manner in the care plans reviewed. The activities team provides a varied programme which includes outings and trips to various local events and places of interest. There is a good range of activities on offer which considers residents preferences, hobbies, strengths and interests and family/whānau confirmed their enjoyment of the programme.

The organisation uses an electronic medicine management system for e-prescribing, and administration of medications. The general practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

A current food control plan is in place. The food service caters for residents' specific dietary likes and dislikes. Nutritional snacks are available 24/7. Residents were complimentary of the food. Transfers and discharges are coordinated in a safe manner in collaboration with the resident 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 Croft Complex provides an environment that is safe and fit for purpose. The service has building warrant of fitness in place. All equipment is tagged, tested and calibrated as scheduled. Preventative and reactive maintenance occurs. Resident rooms are personalised and reflect cultural preferences. External areas are safe and well maintained, with shade and seating available. Fixtures, fittings, and flooring are appropriate, and toilets and shower facilities are conveniently located. The facility provides easy access to all resident areas for residents using mobility aids. The outdoor areas are well maintained and provide seating and shade. Systems and supplies are in place for essential, emergency and security services. Fire drills are held six-monthly. The facility is secure from dusk till dawn. The dementia home is secure. Security checks are performed by staff and contractors twice a night. There is always a staff member on duty with a current first aid certificate. Fire and emergency procedures are documented. Trial evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies. There is a call bell system with timely response times.

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.

Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Benchmarking occurs. The service has a robust pandemic and outbreak management plan in place. The internal audit system monitors for a safe environment. There have been two outbreaks since the last audit, these have been managed well.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. 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 is committed to maintaining a restraint-free service. This is supported by the governing body and policies and procedures. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions to prevent the use of restraint. There are policies and procedures in place to guide staff around restraint. The service remains restraint free. The general manager is the restraint coordinator. The staff have completed restraint minimisation training.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	1	167	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. Presbyterian Support South Canterbury (PSSC) The Croft Complex is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and evidence is documented in the resident care plan. Presbyterian Support South Canterbury employs a Māori cultural advisor who has a key role in fostering cultural understanding and inclusivity. The Māori cultural advisor attended the audit and completed the opening whakataū.</p> <p>The Māori health plan documented a commitment to support increasing Māori capacity within the workforce. There were residents and staff who identified as Māori at the time of the audit. The Croft Complex has connections with the local Te Atarakihi marae who provide guidance and support for Māori peoples. Presbyterian Support South Canterbury is dedicated to partnering with Māori, government, and other businesses to align their work with, and for the benefit of Māori.</p> <p>Twenty-four staff interviewed including seven registered nurses (RN), one clinical coordinator, eleven caregivers, one property manager, one groundsman/property supervisor, one laundry/housekeeper, one</p>

		Enliven liaison manager, and one liaison coordinator described examples of providing culturally safe services in relation to their role.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The service has a Pacific health plan, developed in partnership with the local Pacific Aoraki service. The plan addresses the Ngā Paerewa Health and Disability Standard 2021 and is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. At the time of the audit there were no residents that identify as Pasifika residing in the facility.</p> <p>There were staff who identified as Pasifika at the time of the audit. The Croft Complex has connections with local Pacific community groups through Pacific staff, to assist with guidance and support for Pacific peoples. The service also have links with the local Multicultural Aoraki community centre. Presbyterian Support South Canterbury are welcoming of staff from a range of ethnicities.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The nurse manager, clinical coordinator or an RN 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. The service recognises Māori mana motuhake through the Eden Alternative model of care, and this is reflected in the current Māori health care plan. Interviews with staff identified that they were encouraged to recognise Māori mana motuhake. Information about the Nationwide Health and Disability Advocacy Service. Advocacy support services information is available at the entrance to the facility, and in the information, pack provided to residents and their family/whānau.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme. Interactions observed between staff and residents were respectful. Care plans reflected that residents were encouraged to make choices and be as</p>

		<p>independent as possible. Code of Rights training has been included as part of the annual training plan. The general manager interviewed confirmed a good understanding of their responsibilities under Te Tiriti o Waitangi. Presbyterian Support South Canterbury have a Māori health plan in place to guide equity, Māori health, and wellbeing and cultural safety. Interviews with five residents including three hospital and two rest home care and seven family/whānau including four hospital, two psychogeriatric and one dementia level of care interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</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 Eden alternative is an innovative approach to long-term care that seeks to eliminate loneliness, helplessness and boredom from the lives of elders, who reside in long-term care settings. Residents interviewed stated they had choice. Caregivers interviewed described how they support residents to choose what they want to do and how this is part of the Eden philosophy. 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 and choice over activities they participate in. 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. On the days of the audit, it was observed residents are treated with dignity and respect.</p> <p>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. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. Te reo</p>

		<p>Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori and cultural competency.</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>Presbyterian Support South Canterbury policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of 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 document. The management of misconduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. The cultural safety and ethnicity policy documents guidelines to understand the impact of institutional, interpersonal, and internalised racism on patient/resident wellbeing and to improve Māori health outcomes through clinical assessments of practice through education sessions. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect.</p> <p>All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. 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 staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. There are overall strategic and quality plans that are strengths-based and a holistic model, ensuring wellbeing outcomes for Māori. Presbyterian Support South Canterbury employ a Māori cultural advisor who supports prioritising wellbeing outcomes for Māori. The PSSC organisation provide a person centred and holistic model of care based on the Eden Alternative philosophy. The service ensures wellbeing outcomes for all residents are prioritised, as evidenced in the resident centred care plans.</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>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. All communication with family/whānau is documented on resident files. The accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. Support strategies are documented to assist with communication needs when required. At the time of the audit there were no residents that could not speak English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> <p>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. Each new resident has a welcome letter with helpful information to assist settling into the service. The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services and allied health professionals including but not limited to dietitian, physiotherapy and speech language therapist. The general manager described a process that is used for residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events/changes to the service, through emails, regular newsletters, and meeting with staff.</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</p>	<p>FA</p>	<p>There are policies around informed consent which are understood by staff. Informed consent processes were discussed with residents and family/whānau on admission. The resident files reviewed, and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent had</p>

<p>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>been signed by resident and family/whānau for procedures such as influenza and Covid-19 vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care. The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA).</p> <p>The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic chart and is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity was on file. Advance directives (orders for life sustaining care) for health care, including resuscitation status, had been appropriately signed. The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care, as evidenced in the residents' files reviewed.</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>Access to complaint forms is located at the entrance to the facility or on request from staff. All residents receive a copy of the complaint's procedure on admission to the service. The policy ensures the complaints process will work equitably for Māori. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. The Code is visible and available in te reo Māori and English. A complaints register is maintained. There have been four complaints documented (all made in 2024) since the last audit in January 2024. Discussion with the general manager, nurse manager and policy documentation confirmed complaints are managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). There are processes in place to ensure any complainants are informed of the findings and made aware of other avenues of support when they are not satisfied with the outcome.</p> <p>Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they have, are addressed promptly. Staff are informed of complaints (if any) through the quality</p>

		<p>and staff meetings (meeting minutes sighted). Discussions with residents and family/whānau confirmed they were 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. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The general manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication and to include family/whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The Croft Complex is located in Timaru and is part of the Presbyterian Support South Canterbury (PSSC) Organisation who have two other facilities in the area. The service provides care for up to 79 residents at rest home, hospital level care, dementia, and specialist dementia (psychogeriatric) level of care. There are 33 dual purpose beds. Four serviced apartments are certified to provide rest home level care. There are no double/shared rooms. There were two married couples who were all in single rooms.</p> <p>At the time of the audit there were 71 residents in total: 17 residents in the psychogeriatric unit (Lorna home); 21 residents in the dementia unit (Hamish home) including; one resident on respite, 33 residents (four rest home and 29 hospital) in the dual purpose unit (Hubbard home) including; one on a long term support-chronic health contract (LTS-CHC), one on a younger person with disability contract (YPD), and one resident on respite. All other rest home, hospital and dementia level residents were under the age-related residential care (ARRC) agreement. The psychogeriatric (PG) level residents were under the Aged Related Residential Hospital Specialised (ARRHS) contract. There were no residents at rest home level care in the serviced apartments at the time of the audit.</p> <p>There is a governance body (Board) for PSSC comprising of up to ten members. The Board provides strategic guidance and effective oversight to the PSSC senior leadership team. There is a term of reference for the Board and a position description for board members. The Board has developed a bi-cultural statement which states that</p>

	<p>PSSC will advocate for and deliver support services that meet the hauora (wellbeing) needs of Māori. The Board chair interviewed stated that the strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The Board and the senior leadership team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity, and cultural safety.</p> <p>The chief executive officer (CEO) is responsible for the overall leadership of the management team. The weekly and monthly reporting structure informs the CEO and Board of operations across the organisation. Ethnicity data is captured electronically at facility level and ethnicity data is then analysed and reported in terms of opportunities for addressing inequalities, improving health equity, and outcomes for all residents. Clinical governance is overseen by the general manager and includes regular quality and compliance and risk reports that highlight operational and financial key performance indicators (KPI's). These outcomes and corrective actions are discussed at the compliance and risk meeting led by one of the Board members. High risk areas are discussed alongside corrective measures taken. These measures are then reviewed and adapted until a positive outcome is achieved, or the goal is achieved.</p> <p>Presbyterian Support South Canterbury as an organisation incorporates the Māori concept of wellbeing – Te Whare Tapa Whā into their Eden alternative model of care. The general manager collaborates with mana whenua in business planning and service development to improve outcomes and achieve equity for Māori. The Māori cultural advisor assists with identifying and addressing barriers for Māori and ensures the organisation provides equitable service delivery to improve outcomes/achieve equity for all residents, including people with disabilities. The working practices at The Croft Complex are holistic in nature, and inclusive of cultural identity and spirituality. The organisation respects the connection to family/whānau and the wider community to improved health outcomes for Māori and tāngata whaikaha. Opportunities for whānau are provided through general feedback to participate in the planning and implementation of service delivery.</p>
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		<p>The service is managed by a nurse manager (RN) who has been in the role for seven years and has worked for PSSC for 29 years. The nurse manager is supported by a clinical coordinator who has been in the role for seven months, an Enliven liaison manager, administration support/care supervisor and the PSSC management team, including the general manager and chief executive officer (CEO). The nurse manager reports to the general manager. The general manager and CEO were both present at the time of the audit.</p> <p>The nurse manager has completed the required training hours related to the management of a care facility that includes New Zealand Aged Care Association (NZACA) leadership training.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>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>FA</p>	<p>The Croft Complex is implementing the organisational quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Three-monthly staff meetings, three-monthly health and safety meetings, monthly clinical meetings, and monthly organisational clinical quality meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received; cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Corrective actions are discussed at meetings to ensure any outstanding matters are addressed with sign-off when completed. Quality data and trends in data are posted on a quality noticeboard. Data is benchmarked against other PSSC facilities and Presbyterian Support facilities nationally and a large national benchmarking group which includes other national providers. Data is used to develop and implement quality initiatives to enhance services for residents. Quality initiatives implemented include (but not limited to) the reduction of antipsychotic use in the dementia unit, the a group from Bunnings Warehouse bring equipment and materials into the dementia unit and have craft sessions with residents, a mens group has been created as a result of a comment in a satisfaction survey about the lack of opportunity to communicate and participate in male activities, this has included gentlemen from the</p>

	<p>village too.</p> <p>Industry standards are analysed internally to identify areas for improvement. Resident and family/whānau Eden satisfaction surveys completed in May 2024 evidenced favourable results. Corrective actions were implemented and completed around the activities programme for the residents survey and room cleanliness in the psychogeriatric unit for the family/whānau survey. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Presbyterian Support South Canterbury has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. All policies and procedures are reviewed at least every three years. New policies or changes to a policy are communicated to staff. Staff have completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori.</p> <p>Interview with the groundsman/property supervisor (health and safety representative) confirmed health and safety training begins during staff orientation 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 general manager, and a consolidated report and analysis of all facilities are then provided to the governance body monthly. External contractors complete an orientation and sign a health and safety agreement prior to undertaking work at the facility. Electronic reports are completed for each incident/accident, has a severity risk rating and immediate action is documented with any follow-up action(s) required as evidenced in 17 accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. The electronic system escalates alerts to PSSC senior team members depending on the risk level.</p> <p>Discussions with the general manager and nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications</p>
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		<p>completed since the last audit. Three serious adverse event (SAC) reports were notified to the Health Quality and Safety Commission appropriately including one resident's fall resulting in a fracture and two unstageable pressure injuries. Public Health authorities have been notified of two outbreaks in 2024 of Covid -19 since the last 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>The Croft Complex has a weekly roster in place which provides sufficient staffing cover for the provision of care and service to residents. The service has a total of 117 staff in various roles. Staffing rosters were sighted and there is sufficient staff on duty to meet the residents clinical and cultural needs. There are three rosters, one for each the dual purpose, dementia and psychogeriatric units. The nurse manager and clinical coordinator both work fulltime from Monday to Friday and are available on call after hours for any operational and clinical concerns respectively.</p> <p>In the absence of the nurse manager, the clinical coordinator is responsible for the running of the facility with support from the general manager. There is one RN on duty 24/7 in the dual purpose and psychogeriatric units. The RN on each shift is aware that extra staff can be called on for increased resident requirements. There is a full-time EN who works in the dementia unit. Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner. Staff interviewed stated that staffing levels are satisfactory, and that the management team provides good support. Interviews with staff, residents and family/whānau also confirmed satisfaction with staffing levels.</p> <p>There is a two-yearly education and training schedule being implemented. The Eden learning circles process is implemented as an interactive way for staff to achieve learning goals. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes cultural awareness training. The training content provided resources to staff that encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. All attendance at training and all competencies attained are documented on a spreadsheet and staff training is monitored. Presbyterian Support</p>

		<p>South Canterbury supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing.</p> <p>There are 63 caregivers employed, with 45 having completed either a level three or level four NZQA qualification. In the dementia unit, there are 18 staff; 14 have completed the required dementia unit standards and four are in the process of completing. In the psychogeriatric unit, there are 20 staff, and all have completed the required psychogeriatric unit standards. The service has introduced STARS (short trainings in awareness and responsiveness) dementia training for improving staff skills and understanding when caring for people living with dementia. The service currently has eleven RNs (including the clinical coordinator) and one enrolled nurse (EN) with four of the RNs being interRAI trained. All staff are required to complete competency assessments as part of their orientation.</p> <p>Level four caregivers complete many of the same competencies as the RN/EN staff (medication administration, blood sugar levels and insulin administration, wound management as examples). Additional RN/EN specific competencies include syringe driver and interRAI assessment competency. All RNs are encouraged to attend in-service training and have completed training around infection control, including Covid-19 preparedness, effective communication in the care setting, and management of diabetes, dementia, and delirium. All caregivers are required to complete annual competencies for restraint, handwashing, correct use of personal protective equipment (PPE), cultural safety, Te Kete competency, and moving and handling. A record of completion is maintained on an electronic register. As part of The Eden philosophy, The Croft Complex works to support staff wellness, this is managed by the general manager. There is a 'support mates' system between staff, a 24/7 staff helpline and staff social engagement.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, orientation, staff training and development. Eleven staff files including one clinical coordinator, two RNs, five caregivers, one laundry/housekeeper, one wellness leader and one assistant food services manager reviewed evidenced implementation of the</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>recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, delegation authority and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. All files reviewed of employees who have worked for one year or more included evidence of annual performance appraisals.</p> <p>The service has an orientation programme in place that provides new RNs and caregivers with the necessary information for safe work practice, to help them to do their jobs safely and effectively. A comprehensive orientation is provided, which includes training in the Eden philosophy. The administration support/care coordinator assists with the implementation of the orientation and assists staff when first starting. There are competent trainers to ensure manual handling and transfer competencies are completed. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff. Presbyterian Support South Canterbury supports an employee assistance programme across all its sites, which is available to all staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>There is a document management policy and off-site document storage policy. Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Electronic signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room or backed up on the electronic system and easily retrievable when required. Other paper documents can be scanned and uploaded in the gallery on the electronic system for reference. Health information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index</p>

		registration.
<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>	FA	<p>PSSC has policies and procedures in relation to admission and decline of residents which is implemented at The Croft. Potential clients are assessed by the needs assessment service coordination (NASC) team for hospital, rest home, dementia and psychogeriatric level care. The NASC team liaise with the liaison manager (based at The Croft), who manages entry to beds. The liaison manager discusses the details with general manager, the nurse manager and the clinical coordinator at The Croft to ensure suitable placement to available beds. The liaison manager maintains records on how many prospective residents and family/whānau have viewed the facility, admissions and declined referrals, which capture ethnicity. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information is provided for family/whānau and residents prior to admission or on entry to the service.</p> <p>Nine admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement and in the information pack. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The liaison manager, general manager and the nurse manager (RN) are available to answer any questions regarding the admission process. The service communicates with potential residents and family/whānau during the admission process. All residents are screened and if necessary, added to a consideration form highlighting concerns and discussed with the general manager. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. The liaison manager reports there have been residents declined; and was able to describe the process and communication with NASC. There is a policy in place to document this should a resident be declined. There are established links with local Māori health practitioners and Māori health organisations to improve health outcomes for Māori residents.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Nine resident files were reviewed, including four hospital (including one resident on a respite contract), one rest home, two dementia and two psychogeriatric level residents. In addition, the files of long-term residents on a younger person disabled contract and a long-term chronic health contract were checked for current assessments and care plans. The RNs are 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 and long-term care plans reviewed and this was documented in progress notes. Family/whānau interviewed stated they are involved in the development and evaluation of the care plan.</p> <p>The service uses a range of risk assessments on the electronic resident management system alongside the interRAI assessment system. All assessments, interRAI assessments and reassessments, long-term care plans and evaluations were completed within expected timeframes. All long-term resident files, including the resident on younger persons disabled contract and the resident on the long-term chronic contract, had an interRAI assessment completed within the required timeframes. The residents on respite contracts had a suite of electronic risk assessments completed on admission. Outcomes of the assessments were addressed in the long-term care plans. The Eden Alternative philosophy guides the care plan and includes 'getting to know me' and 'healthy me' sections, identifying the resident's needs for support. The care plan includes activities and interventions to ensure that resident's physical, mental health, cultural and wellbeing needs are met. Additional risk assessment tools include behaviour and wound assessments as applicable.</p> <p>Care plan interventions were holistic and addressed all needs in sufficient detail to guide staff in the management of the care of the resident. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. Short-term care plans are utilised for acute issues, including (but not limited to) weight loss, wounds and medication changes. The general practitioner (GP) reviews residents at least three-monthly.</p> <p>All residents had been assessed by the GP within five working days of admission. The GP visits weekly and is available 24/7. A locum is</p>
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	<p>available when the GP is on leave. The psychogeriatrician visits the Lorna psychogeriatric unit weekly and is available to consult on other residents of concern. A palliative medical specialist is also available after hours. If a resident requires urgent care, they are transferred to the local hospital. The GP (interviewed) commented positively on the communication, clinical skills and quality and ethos of care at the facility. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service contracts with a physiotherapist six hours a week and a podiatrist visits every six to eight weeks. A dietician visits monthly to review residents of concern. Specialist services, including mental health, speech language therapist, gerontology nurse specialist, wound care, and continence specialist nurse, are available as required through Health New Zealand or the district nursing service.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are completed each shift by the caregivers, every 24 hours by the RN for hospital and psychogeriatric level care residents, and weekly by the RN for rest home and dementia level residents, but more frequently if there are issues or concerns. If there is a change in the condition of a resident, the RN is informed, undertakes an assessment, and updates the care plan if needed.</p> <p>Residents interviewed reported their needs and expectations were being met, and family members confirmed the same regarding their whānau. When a resident's condition alters, the staff alert the RN who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status, and this was consistently documented on the electronic resident record.</p> <p>At the time of the audit there were twenty-four wounds being treated, including four pressure injuries (two stage 2 and two unstageable). One stage 2 and one unstable pressure injury were non facility acquired. The service maintains an electronic wound register. A comprehensive wound assessment is completed, and the wound plan is reviewed at each dressing change. Photographs are taken to evidence progression or deterioration of the wound. Wound</p>
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		<p>evaluations are documented. There is access to a wound nurse specialist. Caregivers and RNs interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Continence products are available, and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use. Visual checks confirmed there are adequate supplies of clinical supplies and all appropriate equipment.</p> <p>Caregivers and RNs complete electronic monitoring charts, including bowel chart; reposition charts; vital signs; weight; food and fluid chart; blood glucose levels; and behaviour as required. Incident and accident reports reviewed evidenced timely RN follow up. Opportunities to minimise future risks are identified by the clinical coordinator, who reviews every adverse event before closing. Care plans sampled evidenced partnership and participation of tāngata whaikaha and whānau in planning their care and making decisions over their support. Barriers that prevent tāngata whaikaha and whānau from independently accessing information or services were identified, and strategies to manage these were documented. Staff interviewed confirmed they understood the process to support residents and.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The qualified diversional therapist has been in the role of wellness leader for over fifteen years. The wellness leader works 29 hours a week and is supported by five activities coordinators, who all work between 20 to 30 hours a week. The activities programme supports resident independence based on the Eden Alternative philosophy. The Eden alternative philosophy and approach is promoted through meaningful activities, companionship and the opportunity to provide, as well as receive care. The team is further supported by a group of volunteers predominantly entertainers, church visitors, pet therapy; speakers, and a volunteer who operates to weekly coffee cart. An occupational therapist visits twice weekly and provides support and advice. The overall programme has integrated activities that is appropriate for the cohort of residents. A copy of the daily Croft news which includes daily activities given to each resident every morning tea and the weekly programme is displayed on noticeboards. The programme includes exercises; bowls; novel reading; music; tai chi; meditation; baking; gardening; word games; board games; activities of</p>

	<p>resident's choice; craft; housie; quizzes; and seasonal celebrations.</p> <p>The programme allows for flexibility and resident choice of activity. There are plentiful resources. On the days of the audit, residents were participating in a baking competition and enjoying a visit from a horse. The programme allows for flexibility and resident choice of activity. One-on-one activities such as individual walks, chats and hand massage/pampering occur for residents who are unable to participate in activities or choose not to be involved in group activities. On Fridays, all areas come together to celebrate with happy hour. There are regular weekly van outings. Church services are held weekly. Residents are encouraged to maintain links to the community. The facility has a raised vegetable garden and garden areas, which are tended by residents. Rest home residents in the serviced apartments are welcomed to join the main activities as they wish. Volunteers from the village assist with entertainment, housie and pet therapy. All volunteers have been orientated to residents' rights, privacy, police checks, referee checks, and confidentiality by the volunteer coordinator. All volunteer appointments are approved by the general manager.</p> <p>Activities for residents in the dementia and psychogeriatric homes are specific to the physical and sensory needs and abilities of the people living with dementia and include household chores. The enclosed courtyards in the dementia and psychogeriatric homes provides a sensory experience; a space with seasonal planting that include plenty of colour, touch and scent that increased sensory stimulation. Activities include a sensory room, doll therapy, painting, baking has massage and foot spas. The furniture in the courtyard provides a multi-use space for relaxation and social events. There are seating areas where quieter activities can occur. Combined activities are provided when external entertainers are invited and residents from both the secure dementia and psychogeriatric homes are escorted to join the activities. The activities coordinator stated the activities in the secure dementia homes were flexible and able to be altered at short notice to meet the needs of the residents. Care plans reviewed identified that 24-hour activity plans were completed for residents in the dementia and psychogeriatric homes, to assist caregivers to provide strategies that are successful in managing certain behaviours.</p>
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		<p>Cultural events that facilitate opportunities for participation in te ao Māori include celebration of Matariki and Waitangi Day. Māori artwork and words were displayed throughout the facility. Te reo Māori language week was observed. Residents provide feedback through regular neighbourhood residents' meetings in each area. Family/whānau are invited to attend resident meetings. There is a family/whānau support group for family/whānau of residents with dementia. Multicultural events include celebrating the countries where staff and residents are from as evidenced by a recent day celebrating Chile. A resident social profile (getting to know me) is completed by the activities team and informs the activities plan. Individual activities plans were seen in resident files reviewed. Activities plans are evaluated six-monthly in association with the care plan review. Individual attendance records are documented in the resident's progress notes. The service receives feedback and suggestions for the programme through resident meetings and resident surveys. The residents and family/whānau interviewed were happy with the variety of activities provided and enjoyed contributing suggestions to the programme.</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>There are policies available for safe medicine management that meet legislative requirements. Staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Medications were appropriately stored in the medication trolleys and four medication rooms. All medications are checked on delivery against the prescription and signed on the pack and electronic medication management system. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner. The medication fridge and medication room temperatures are monitored daily, and all temperatures were within acceptable ranges.</p> <p>All eyedrops and creams have been dated on opening. All over the counter vitamins or alternative therapies residents choose to use, are reviewed, and prescribed by the GP. All medication files had pro re nata (PRN) medications that had prescribed indications for use. The effectiveness of PRN medication was documented in all the files reviewed on the electronic medication system. No standing orders are used. Staff were observed to be safely administering medications. The</p>

		<p>RNs and caregivers interviewed could describe their role regarding medication administration.</p> <p>Eighteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each medication chart has photo identification and allergy status identified. There are no residents self-administering their medications at the time of the audit. The medication policy describes the procedure for residents wishing to administer their medications, and the clinical coordinator stated this would be implemented as required. Medication incidents were completed in the event of a drug error and corrective actions were acted upon.</p> <p>The clinical files included documented evidence that residents and family/whānau are updated about medication changes, including the reason for changing medications and side effects. The clinical coordinator described an understanding of working in partnership with all residents to ensure the appropriate support is in place if needed, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Residents' nutritional requirements are assessed on admission to the service, in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. The registered nurse provides a dietary assessment report for the kitchen and the kitchen manager updates kitchen records. The kitchen manager is available to interview new residents to ensure preferences are accommodated. A weekly summary is provided from each home, which includes an overview of special diets, allergies and likes and dislikes. Copies of individual dietary preferences were available in the kitchen folder. A food control plan is in place and expires in September 2025.</p> <p>The meals and baking at The Croft are all prepared and cooked on site. The menu follows summer and winter patterns in a four-weekly cycle and has been reviewed by a qualified dietitian. The kitchen is situated in a service area and meals are transported in bain-maries to</p>

		<p>satellite kitchens in each area. Care staff are responsible for dishing resident meals and serving to residents in all areas. The food services manager works Monday to Friday and there is an assistant food services manager who is responsible for the Croft kitchen and staff supervision. The food services manager is supported by a head cook, a diet cook, and a breakfast cook each day. There is a senior weekend cook to cover seven days of the week. All cooks have received cultural and food safety training. Tikanga guidelines are available to staff who understand the intent of tapu and noa. On the day of audit, meals were observed to be tasty and well presented.</p> <p>Kitchen fridge and freezer temperatures are monitored by auto loggers every two minutes throughout the day and recorded daily on the electronic temperature monitoring records. When temperatures are outside set perimeters, a notification alert is sent automatically to the food services managers mobile phone. Food temperatures are checked at all meals, these were all within safe limits. The cooks and caregivers were observed wearing correct personal protective clothing in the kitchen and as they were serving meals. Modified utensils, such as lip plates, are available for residents to maintain independence with meals. On the days of the audit residents were seen to be enjoying lunch in the spacious dining area. Residents and family/whānau commented at interview the meals and the dining experience were enjoyable. Caregivers interviewed are knowledgeable regarding a resident's food portion size and normal food and fluid intake and confirm they report any changes in eating habits to the RN and record this in progress notes. Cultural, religious and food allergies are accommodated. On interview, the kitchen manager stated alternative meals are offered for those residents with dislikes, cultural or religious preferences. Caregivers interviewed confirmed their understanding of tikanga guidelines in terms of everyday practice. The service has produced hangi's and boil ups for specific residents on request</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>FA</p>	<p>Planned discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care. There is a policy and procedure documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner by the RN, clinical coordinator or nurse manager. The RNs and clinical coordinator</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>explained the transfer between services includes a comprehensive verbal handover, and a transfer information form is completed, with the inclusion of specific transfer documentation.</p> <p>When residents are transferred to acute services, the “yellow envelope” Health New Zealand transfer documentation system is used. The clinical coordinator reported that an escort is provided for transfers as required. Transfer documentation in the sampled records showed the appropriate documentation and relevant clinical notes were provided to ensure the continuity of care. The residents (if appropriate) and family/whānau were involved for all discharges to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested.</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 1 June 2026. The environment is inclusive of peoples’ cultures and supports cultural practices and rooms were personalised to the residents’ tastes. The service is meeting the relevant requirements, as identified by relevant legislation, standards and codes. The service employs a full-time head of maintenance, who is on call 24/7 for any maintenance related issues. There is a maintenance register located at reception which is checked daily by the head of maintenance and signed off when repairs have been completed. There is a head of gardening and two garden assistants employed to maintain gardens and grounds. There is an annual maintenance plan that includes electrical compliance testing and tagging (last completed in May 2025), call bell checks, calibration and checking of medical equipment including hoists (last completed in September 2024) and monthly testing of hot water temperatures. Corrective actions are completed for any temperatures above the required threshold. Essential contractors such as plumbers and electricians are available 24 hours a day as required. There are adequate storage areas for the hoists, wheelchairs other equipment. The staff interviewed stated they have adequate equipment available to provide the required care for the residents.</p> <p>The dementia unit is secure and can be accessed by security code access the unit has 22 rooms with a mix of ensuite and shared</p>

	<p>bathrooms. The shared bathrooms have privacy locks. There are several areas designed so that space and seating arrangement provides for individual and group activities. There are quiet, low stimulus areas that provide privacy when required including individual rooms. There is a safe and secure outside courtyard that is easy to access. There is a large lounge and dining room with kitchenette and small seating/dining areas. The psychogeriatric unit is accessed from three different doors by security code access. The unit has 20 single rooms. Sixteen rooms have shared bathroom facilities between the rooms and four have full ensuite facilities. The shared bathrooms have privacy locks. The unit has several areas designed so that space and seating arrangement provides for individual and group activities. There are quiet, low stimulus areas that provide privacy when required including individual rooms. There is a safe and secure outside courtyard with easy access. There is a large communal kitchen/dining area and a large lounge area in the unit. The servery kitchen is equipped for activities which meets the intent of the Eden philosophy. Seating can be arranged to facilitate group or individual activities.</p> <p>The dual-purpose unit has 33 single rooms with ensuites. There is access to two internal courtyards. There is a large lounge and dining room with kitchenette, and two small lounges with a library. There is underfloor heating and heat pumps in the communal areas throughout the facility. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. There is adequate space for the use of a hoist for resident transfers as required. Caregivers interviewed reported that they have adequate space to provide care to residents. There are seating alcoves throughout the facility. There is safe access to courtyards and gardens which provides seating and shade. All communal areas are easily accessible for residents with mobility aids. All bedrooms and communal areas have ample natural light and ventilation. There is underfloor heating, radiators and heat pumps which can be individually adjusted. The facility was maintained at a warm and comfortable temperature on the days of the audit.</p> <p>The general manager reported that should there be planned further development for the building or significant changes they are aware that PSSC policy states consultation would occur with Māori and iwi.</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>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. The emergency response plan guides staff to complete a safe and timely evacuation of the facility in the case of an emergency. A fire evacuation scheme is in place and was approved by the New Zealand Fire Service on 28 August 2023. Six-monthly fire evacuation drill notification documentation was sighted, which was last completed on 18 December 2024. A contracted service provides checking of all facility equipment, including fire equipment. Staff received education in the management of emergency and fire procedures in March 2025. There is at least one first aider on each shift with a current first aid certificate. Short-term backup power for emergency lighting is in place. The facility is well prepared for emergencies with civil defence supplies, storage of emergency water with ceiling header tanks, enough to provide ten litres per resident for three days.</p> <p>In the event of a power outage a BBQ is available onsite and another two BBQs at a nearby sister facility. Emergency food supplies sufficient for at least three days are kept in the kitchen. There is a store cupboard of supplies necessary to manage a pandemic/outbreak. There are two generators (petrol) on site in the event of a power failure. There are call bells in the residents' rooms and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. Staff are easily identifiable. Visitors and contractors are required to sign in and out of visitors' register. Appropriate security arrangements are in place. Doors to the secure dementia and psychogeriatric units are secure at all times with security code access. Staff working in the secure units have duress pendants to call for assistance when required. The service utilises security cameras at the facility main entrance, rear entrance to the kitchen and in the communal areas in the dementia and psychogeriatric units.</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 control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. There is commitment to infection control and antimicrobial stewardship (AMS) documented in the strategic plan. Infection matters are raised at the quarterly infection control committee meetings. Infection rates are presented at staff meetings and discussed at quality meetings and clinical governance group meetings. The CEO receives reports on progress quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection control and anti-microbial stewardship (AMS) on a monthly basis, including any significant infection events. The service has access to an infection prevention and control clinical nurse specialist from Health New Zealand. Staff receive training on infection control at orientation and annually.</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>A RN oversees infection control and prevention across the PSSC organisation. The job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship. The infection prevention and control coordinator has completed workshops and webinars with Health New Zealand. The infection prevention and control coordinator is also a member of the infection prevention and control nurses' college through New Zealand Nurses Organisation.</p> <p>Infection prevention and control is linked into the electronic quality risk and incident reporting system. The infection prevention and control and AMS programme are reviewed annually, in consultation with the infection prevention and control coordinator. Presbyterian Support South Canterbury. The Croft reviews the infection control data monthly and ensures that education is implemented for any emergent tissues. The infection control programme is reviewed quarterly by the PSSC infection control team and infection control audits are conducted. The service has a Covid-19 response plan which includes preparation and planning for the management of outbreak.</p> <p>There is ample personal protective equipment (PPE), and these are regularly checked against expiry dates, as sighted on the day of the</p>

	<p>audit. The infection prevention and control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed two yearly, with consultation with infection control committee members from each facility, the GP, the senior nurses leadership group, the general manager and the Māori cultural advisor. Policies are available to staff. There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared equipment is appropriately disinfected between use. The service has information around infection control in te reo Māori available for Māori residents and assists the organisation with cultural safe practice. Staff interviewed were knowledgeable around providing culturally safe practices in relation to infection control that acknowledge the spirit of Te Tiriti o Waitangi.</p> <p>There are no refurbishments, construction or installation planned for The Croft; however, the infection prevention and control coordinator would be involved if this were to occur. The infection prevention and control coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). The infection control policy states that the facility 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 at the time of outbreaks and staff were informed of any changes by noticeboards, handovers, and emails. Staff have completed hand hygiene, and personal protective equipment training. The infection prevention and control coordinator regularly distributes education resources, including (but not limited to): glove use, oral health, hydration stations, influenza, antibiotics and personal hygiene. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed through meetings, monthly newsletters, and emails. Visitors are asked not to visit if unwell. There is a sign in process for visitors.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality, RNs and clinical quality meetings. The GP is responsible for prescribing antibiotics. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) and ethnicity is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance data is discussed at quality meetings and staff meetings. Results are reported to the Board monthly and also at the quarterly Board meetings. Infection control data is reviewed and benchmarked internally and externally with other aged care groups.</p> <p>Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed, with corrective actions completed for areas of improvement. The service receives email notifications and alerts from Health New Zealand for any community concerns. All communication between the facility and healthcare providers residents and family/whānau is done in a culturally safe manner.</p> <p>There have been two outbreaks in 2024 of Covid-19 since the previous audit. The outbreaks were contained and managed well with outbreak meetings, reviews of practice and support from Public Health, and Health New Zealand.</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>There are policies regarding chemical safety and hazardous waste and other waste disposal which are understood by staff and are implemented. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept on the cleaning trolleys and the trolleys are kept in locked cupboards in each area when not in use. Current safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each of the three homes (Lorna, Hamish and Hubbard) with a sanitiser and separate hand hygiene/washing facilities, with flowing soap and paper towels. Eye protection wear and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. All linen and personal clothing is laundered on site. There are two full-time designated laundry staff, and three housekeeping/laundry employed to cover seven days a week. There are clearly defined clean/dirty areas in the laundry. The effectiveness of the cleaning and laundry processes are monitored through internal audits, resident meetings and surveys.</p> <p>Dedicated staff are rostered on to cover housekeeping duties across all homes over seven days. Staff are trained and on interview were knowledgeable about infection control prevention. Cleaning trolleys are stored safely when not in use. Residents and family/whānau interviewed were satisfied with the laundry service and cleanliness of the communal areas and their bedrooms. The infection prevention and control coordinator oversees the implementation of the cleaning and laundry audits and would provide support to maintain a safe environment during any construction, renovation or maintenance activities</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from</p>	<p>FA</p>	<p>At interview, the restraint coordinator (general manager) described the organisation's commitment to restraint minimisation. This is supported by the governing body and policies and procedures. On the days of audit there was no restraint in use. Restraint minimisation is included</p>

<p>restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>as part of the training plan and orientation programme. Staff attend training in behaviours that challenge and de-escalation techniques.</p> <p>Alternatives to restraint, behaviours that challenge, and residents who are a high falls risk are discussed at quality and staff meetings. Any use of restraint and how it is being monitored and analysed would be reported at these meetings. A comprehensive assessment, approval, monitoring, and quality review process is documented for all use of restraint. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing, and the Māori cultural advisor will be consulted as required.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>CI</p>	<p>After reviewing benchmarking data collected from September 2024 to February 2025. It was noted that out of 22 residents, 12 were prescribed antipsychotics in the dementia unit (Hamish Home). A plan was put in place to safely reduce the numbers of residents prescribed these medications or at least reduce the amount prescribed.</p>	<p>A quality initiative plan was developed in February 2025, which looked at the processes for medication reviews and more deeply into the prescribing of antipsychotics pre and post admission, alternative approaches, supporting residents, family/whānau and staff to reduce or stop these medications where appropriate and also focusing on quality of life for the residents. This aligns with The Eden Philosophy of care principle 7 states that, “Medical treatment should be the servant of genuine human caring, never the master”.</p> <p>Before this review, the Croft staff had been given a variety of training in responsive behaviours, strategies and approaches with those who are living with dementia as well as de-escalation techniques. Some of this training focuses, on not only the person with the symptoms of dementia but also the behaviour of the person caring for them. By completing this training, the team were more skilled to be able to adjust to trialling</p>

			<p>medication reductions or discontinuation by looking at how a situation was approached and adjusting accordingly.</p> <p>Training was started in 2023 with the STARs dementia Education modules, created by the New Zealand dementia foundation. The eight modules cover a full range of issues which impact on those living with dementia and contribute to responses which are interpreted as “Challenging behaviour”. This training is compulsory and is now ongoing, having been repeated in 2024 and continuing in 2025. The STARs dementia training aligns perfectly with the Eden Alternative Philosophy of Care by putting the person first, looking at their story and how their health and the environment impacts on their response.</p> <p>Further training to compliment this was completed in 2024 by a psycho-geriatrician covering the care of older people affected by mental health conditions, dementia and the aging process and another session by her, covering responsive behaviours. De-escalation and calming training was sourced and completed online in February 2025. In April 2025 another psycho-geriatrician, complemented this by looking at changes in the older brain, responsive behaviours and de-escalation.</p> <p>Research was undertaken to determine the indications for use and the benefits of stopping or reducing antipsychotic medications. The goal was that the people involved would have no increase in responsive behaviour and potentially have a noticeable improvement in their health, interactions and responsiveness. In line with the Eden philosophy of care, alternative strategies would be used to distract and divert from any triggers that were identified. The service worked in partnership with the psychogeriatrician, the GP, families and staff. Regular reviews were held to gauge success. RNs were empowered to consider and</p>
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			<p>question reasons and indications of prescribed medications. The team discussed the benefits and disadvantages of antipsychotic use at learning circles (team discussion time) and RN/EN meetings. They were asked to look for alternatives to prn medications if possible.</p> <p>Following a review of the initiative, a new assessment was created to ensure medications are reviewed by the RN at three weeks post admission and then every six months. This requires the RN to check and review the numbers of medications prior to GP reviews. The review findings are then discussed with the GP and are included in the family/whānau update as appropriate.</p> <p>The outcome of the continuous improvement plan was positive as there was no decline in the health or behaviour of the 12 residents in the dementia unit following stopping the prescribed antipsychotics. Antipsychotic medication has not been restarted for any of these residents. At the time of the audit there had been a definite improvement in the quality of life for the twelve residents reviewed. Family/whānau and staff feedback showed an improvement with some residents wellbeing, family/whānau comments included that there has been no adverse results, no increase in responsive behaviours, no signs of anger and also that the resident is more talkative and responsive. As a result of the reduction of antipsychotic medications, there has been no increase of falls, no increase of challenging behaviour. Internal audits of events per month shows a steady decline in the numbers of reported behaviour and falls. December 2024 fall events were at 25 with April 2025 data evidencing a reduction to four. December 2024 behaviour events were at nine with April 2025 data evidencing a reduction to one. In all cases the medications have been discontinued has not been required to re-start. Alternative options and strategies have been successfully implemented to support</p>
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			residents who are anxious or distressed. The service have now spread this initiative across the dual-purpose units and the PG unit and continue to celebrate similar successes.
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End of the report.