

Victoria Otahuhu Limited - Riverside Home and Care

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:	Victoria Otahuhu Limited
Premises audited:	Riverside Home and Care
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 22 May 2025 End date: 22 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:	17

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

Riverside Home and Care is owned and managed by two directors who also own and manage three aged care facilities in Auckland. The service provides rest home care for up to 36 residents. There were 17 residents on the day of the audit. All residents were residing in blocks A and B, which have been accredited to deliver rest home care. Block C has undergone complete refurbishment and is now available for occupancy. These rooms were verified as suitable for occupancy during the audit.

The service is managed by one of the directors, who serves as both the director and facility manager, supported by the clinical manager, the other director, and care staff. Feedback from family/whānau and residents was positive about the care and the services provided at the service.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Health New Zealand- Te Whatu Ora. The audit process included a review of policies and procedures, a review of residents' and staff's files, observations, and interviews with family/whānau, staff, the general practitioner, and the facility manager/director.

This audit identified no areas requiring improvement.

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.

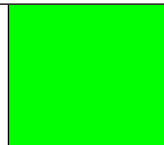
Riverside Home and Care offers an environment that promotes resident rights and ensures safe care. The staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan in place. The service aims to deliver high-quality and effective care to residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to residents in an inclusive manner, respecting their identities and experiences. The service listens to and respects the residents' voices, effectively communicating with them about their choices and preferences. Care plans accommodate the choices of residents and/or their family and/or whānau. There is evidence that residents and family/whānau are kept informed.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

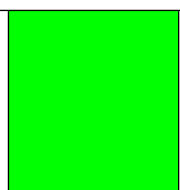
Governance is committed to improving pae ora outcomes and achieving equity. The needs of residents are considered. The management team members have knowledge and expertise in Te Tiriti o Waitangi, health equity and cultural safety. The business plan (2025-2027) includes a mission statement, purpose, values, direction, scope and goals.

A documented quality and risk management system is in place, including a current risk plan and quality plan. Incidents are well managed, quality data is collated and analysed, and internal audits are completed. Systems are in place to monitor the services provided. Services are planned, coordinated, and appropriate to the residents' needs. Care plans for the service are documented with evidence of regular reviews.

The management and staff possess the necessary skills and experience to deliver suitable services to residents. Human resources are managed in accordance with good employment practices. An orientation programme is in place for new staff. An education and training plan is implemented. Competencies are defined and monitored. Staff records are secure, and staff ethnicity data is collected.

Residents' information is accurately recorded, securely stored and is not accessible to unauthorised people. Archived records can be retrieved as needed. Staff and resident records are maintained using both integrated hard-copy and electronic records.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Admissions are managed by the facility manager and the clinical manager at the time of admission. The service works in partnership with residents and their family/whānau or enduring power of attorney to assess, plan, and evaluate care.


The care plans demonstrated individualised care. The planned activity programme offers residents a range of individual and group activities, fostering their connections with the community. There were adequate resources to undertake activities at the service. Medication policies are informed by legislative requirements and guidelines. Medication competent registered nurses and healthcare assistants are responsible for administering medicines. They complete annual education and medication competencies.

The electronic medicine charts reviewed met prescribing requirements and were reviewed at least every three months by the general practitioner.

Residents' food preferences and dietary requirements are identified upon admission, and all meals are prepared on-site. Food, fluid and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs are met. The service has a current food control plan.

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There are communal shower rooms and toilets with privacy signs. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. All staff members have a current first aid certificate. All resident rooms have call bells which are within easy reach of residents. Afternoon staff ensure the facility is locked each evening and there is a security camera monitoring corridors and external exits.

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

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

Subsections applicable to this service fully attained.

The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme appropriate to the service's size and complexity. The clinical manager oversees the programme.

A pandemic plan is in place. Sufficient infection prevention resources, including personal protective equipment, are available and readily accessible to support this plan if it is activated. Surveillance of healthcare-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as needed. Any infection outbreaks are managed in accordance with the Ministry of Health guidelines.

The environment supports the prevention and mitigation of transmission of infections. Waste and hazardous substances were being well managed. Cleaning and laundry services are safe and effective.

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.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. The facility has no residents currently using restraints. Use of restraints is considered as a last resort only after all other options were explored. Education is provided to staff around restraint minimisation.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>There is a cultural policy and guidelines for the provision of culturally safe services for Māori residents. A documented Māori perspective on health, guidelines for terminal care and the death of a Māori resident, and practical applications of the policy (tikanga best practice guidelines) are also documented. The policy and guidelines are based on Te Tiriti o Waitangi, with the documents providing a framework for the delivery of care. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is also displayed in te reo Māori.</p> <p>Links have been established with local Māori organisations, such as Māori Cultural Support-Manukau Urban and cultural advisors from Health New Zealand Te Whatu Ora. The clinical manager (CM) reported that Māori assessments are completed for residents who identify as Māori. The service has access to cultural advisors who can provide cultural, health, social, educational and support services for wellbeing. The service has no residents and staff who identify as Māori.</p> <p>The facility manager (FM) who is a director and the CM reported that they support a culturally diverse workforce and encourage</p>

		<p>increasing the Māori capacity within the workforce. The management team and staff have completed training on Te Tiriti o Waitangi and health equity.</p> <p>Interviews with the following staff (one registered nurse (RN), two healthcare assistants (HCAs) including an activities coordinator, a cook, the CM and FM described the ways they apply the principles of Te Tiriti into practice in relation to their roles.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The service has a Pacific Peoples' Health component, which acknowledges the worldviews of Pacific peoples and the need to respect their cultural and spiritual beliefs. The Pacific Health Policy pertains to Pacific residents and aims to uphold their cultural values and principles. There were no staff members who identified as Pasifika. There are residents who identify as Pasifika. The service has established links with Pacific church organisations through Pacific church volunteers. Staff were aware of the Fonofale model of care. Cultural support and training are available to both staff and management as needed.</p> <p>Residents and whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, the satisfaction of the service, and the recognition of cultural needs. The CM interviewed stated that the cultural beliefs, values, knowledge, arts, morals, and identity of Pacific peoples are respected.</p> <p>The Pacific Health Policy is based on Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025 and reflects the values that Pacific People hold as important for health and wellbeing. The Code of Rights is displayed in a range of Pacific languages, in addition to English and te reo Māori. The FM and CM described how the service increases the capacity and capability of the Pacific workforce through equitable employment processes.</p> <p>Interviews with staff and documentation reviewed identified that the service provides person-centred care.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Code of Health and Disability Services Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. On admission, the management and staff discuss aspects of the Code with residents and their family/whānau. The Code is displayed in multiple locations in English and te reo Māori.</p> <p>Discussions relating to the Code are held during the six-monthly resident meetings. Families/whānau are invited to attend. Residents and family/whānau interviewed reported that the service upholds the residents' rights. The interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocate is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support. Staff have completed cultural training, which includes Māori rights, the Māori model of care, and health equity. The service recognises Māori mana motuhake, which is reflected in the strategic documents.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Four residents and five family/whānau confirmed that individual cultural beliefs and values were respected. Those interviewed reported that the service is upholding the residents' rights.</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 service offers inclusive and respectful support to individuals, tailored to their unique identities and experiences. Staff were observed using person-centred and respectful language with residents. There is a documented sexuality and intimacy policy, and staff received training in sexuality and intimacy as part of their scheduled in-service training.</p> <p>The residents interviewed were positive about the service, as it</p>

		<p>considered their values and beliefs and felt they were listened to. Privacy is ensured, and independence is encouraged. Staff enable resident participation, within their capabilities, in tasks within the service, such as helping with simple tasks. The service ensures that there is continued wellness of residents in a culturally safe environment and within the residents' own personal, worldwide view.</p> <p>Residents interviewed advised that they have choices. They are supported in deciding whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control and choice over the activities they participate in. Residents and families/whānau interviewed said they are respected and welcomed at the service.</p> <p>Staff interviewed confirmed that they had completed cultural safety training as well as Nga Paerewa Te Tiriti o Waitangi e-learning, as part of their in-service training. Staff interviewed stated that care is delivered and reflects the Te Whare Tapa Whā model of care. The service demonstrates an awareness of tikanga and te reo Māori. Tāngata whaikaha are supported to participate in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement.</p> <p>Residents and family/whānau reported that their property and finances were respected, and professional boundaries were maintained. The CM reported that the Code of Conduct guides staff to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect and felt safe. Police checks were completed as part of the employment process. Policies and procedures, such as the harassment, discrimination</p>

		<p>and bullying policy, are in place. The policy applies to all staff, contractors, visitors and residents.</p> <p>The Māori cultural policy in place identified a strengths-based, person-centred care and general healthy wellbeing outcomes for Māori residents admitted to the service. The management and staff further reiterated this, reporting that all wellbeing outcomes are managed and documented in consultation with residents, enduring power of attorney (EPOA)/whānau, and Māori health organisations and practitioners (as applicable).</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>In interviews, residents and family/whānau reported that communication was open and effective and that they felt listened to. The family/whānau stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and outcomes of regular or urgent medical reviews. This was supported by the residents' records that were reviewed. The staff understood the principles of open disclosure, which are supported by policies and procedures.</p> <p>Personal, health and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their file. Residents and family/ whānau interviewed stated they are provided with time to discuss any decisions.</p> <p>Residents who required the services of an interpreter were assisted by staff and family members who spoke either Chinese or Korean. The staff were also aware of how to access interpreter services if needed. Staff can provide interpretation as needed and utilise family members as appropriate. The CM reported that any non-subsidised residents who are admitted to the service are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> <p>The staff reported that verbal and non-verbal communication cards, simple sign language, the use of electronic devices, the use of EPOA or family/whānau to translate, and the regular use of hearing</p>

		aids by residents when required are encouraged.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies documented around informed consent and advance directives. Informed consent processes are discussed with residents and family/whānau on admission. Six resident files were reviewed and written general consents are included and signed as part of the admission process. Specific consent has been signed by the resident or their enduring power of attorney (EPOA) for procedures such as vaccines.</p> <p>The admission agreement is appropriately signed by the resident or the EPOA. 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' file and is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity is completed.</p> <p>Advance directives for healthcare, including resuscitation status had been completed by residents deemed competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner made a medically indicated resuscitation decision. There is documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative. Discussions with the healthcare assistants and registered nurse confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff on the Code, including information on informed consent.</p> <p>The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care. The facility manager/director (FM) and clinical manager (CM) have a good understanding of the organisational processes to ensure Māori residents are involved in the family/whānau for collective decision making. Support services for</p>

		Māori are available.
<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>	FA	<p>Riverside Home and Care has a current complaints policy. Associated forms included the incident form, complaint form, complaint follow-up form, and complaint register. The policy commits to ensuring that any complaint (or any other issue) against a staff member or volunteer is addressed in a fair and equitable manner, thereby protecting an individual's dignity, including their values and beliefs. The service's complaints register was reviewed, and there were no complaints reported in 2024 or 2025 (year to date) since the last audit.</p> <p>The FM reported that in the event of a complaint being lodged, all required documentation will be completed as per policy requirements. No external complaints have been received since the last audit. The FM reported that any issues are discussed promptly with the residents before they escalate into complaints.</p> <p>An interview with the management and staff revealed that complaint forms and information about the advocacy service are available at the service. Residents and their whānau were aware of their rights to complain, and Code of Rights posters were visible in publicly accessible areas. All residents and family/whānau interviewed stated they would feel comfortable making a complaint and that the service would support them throughout the process.</p> <p>Residents and their family/whānau can, if they choose, involve an independent support person or an advocate for advice and support during the complaints process. This was confirmed during interviews. Staff also confirmed they would document a complaint for anyone who had difficulty doing this or supporting the resident or family in accessing independent advocacy services.</p> <p>The FM and CM reported that the complaints policy was updated to ensure the complaints process works equitably for Māori and that a translator and/or an advocate who identified as Māori would be available to support people if needed.</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>Riverside Home and Care was officially opened on 12 August 2024 and is owned by two directors. The service currently provides rest home care for up to 36 residents. There were 17 residents on the day of the audit including two residents under a Primary Options for Acute Care (POAC) funding, and one resident on a long-term support- chronic health conditions (LTS-CHC) contract. All other residents were under the age-related residential care contract (ARRC).</p> <p>A reconfiguration letter dated 24 June 2024 informed the intention to build a facility for up to 43 beds. Block C is now complete and ready for occupancy. The total bed numbers remain at 36. These rooms were verified as suitable for occupancy during the audit.</p> <p>The service has a defined governance and leadership structure, including clinical governance, which is appropriate to its size and complexity. An outside specialist reviews policies and procedures, and the registered nurses and the CM offer clinical advice on all clinical matters. The directors had completed cultural training, te reo Māori, and Te Tiriti o Waitangi. The directors meet daily to discuss operational and other management issues. The management team oversees compliance with legislative, contractual and regulatory requirements, external advice is sought as required. Reports cover quality, risk, compliance with standards and legislation and other operational matters.</p> <p>The business plan for 2025-2027 was current and included the scope, direction, goals, values and mission statement of the organisation. The document outlines annual and long-term objectives, along with the associated operational plans. The plan reflects a leadership commitment to collaborating with Māori, aligns with the Ministry of Health's strategies, and addresses barriers to equitable service delivery. The working practice at the service is holistic, encompassing cultural identity, spirituality and respect for connections to family, whānau and the broader community as an intrinsic aspect of well-being and improved health outcomes for tāngata whaikaha.</p> <p>The FM reported that the service offers cultural assessments specific to Māori to identify any unique requirements and encourage</p>
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		<p>whanaungatanga through the exploration of pepeha, iwi, and hapū. The service ensures that families/whānau and residents are involved in planning, implementing, monitoring, and evaluating service delivery through satisfaction surveys, information packs and resident meetings. The service has established contacts with a cultural advisor who has input into the organisational operational policies.</p> <p>There are monthly staff and six-monthly resident meetings, with minutes documented. The minutes show a discussion of the objectives and progress. There is a risk management plan updated as required and at least annually. The health and safety plan is also documented and up to date. The CM leads and reviews all aspects of the quality programme annually.</p> <p>Both directors have extensive experience in business management and the healthcare sector. They own two more aged care facilities in Auckland. The FM is supported by the CM, who has clinical management experience of more than seven years. The management team is suitably qualified and experienced for their roles and within the aged care sector. The management team maintained at least eight hours of professional development activities related to managing an aged care facility.</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>	FA	<p>Riverside Home and Care has a range of documents that contribute to quality and risk management, reflecting the principles of quality improvement processes. All internal audits were completed according to the schedule. Benchmarking is performed using the data from the previous month.</p> <p>Quality data includes incidents and accidents, infection and outbreak events, complaints, satisfaction surveys, internal audits, and staff surveys, all of which are analysed to identify and manage issues and trends. A sample of quality, risk, and other documentation revealed that when monitoring activities, staff identify a need for improvement and implement corrective actions until the improvement is achieved. Trends are analysed to support ongoing evaluation and progress across the service's quality</p>

		<p>outcomes.</p> <p>Residents and staff contribute to quality improvement through feedback on quality data, complaints, and internal audit activities. The outcomes from the April 2025 resident satisfaction survey and staff satisfaction survey were favourable. Minimal corrective actions were identified in the resident satisfaction survey in areas such as the food service, and corrective action measures have been implemented. The results of quality data, satisfaction surveys, and corrective actions are discussed with staff at monthly staff and management meetings. Residents and their whānau were informed of the survey results. Residents, their families and whānau, and staff contribute to quality improvement through staff meetings, resident meetings, newsletters, and compliments.</p> <p>Policies and procedures were reviewed to meet the requirements of the Ngā Paerewa Standard.</p> <p>The policies reviewed covered all necessary aspects of the service and contractual requirements. Critical analysis of organisational practices to improve health equity occurs with appropriate follow-up and reporting. The CM described the processes for identifying, documenting, monitoring, reviewing, and reporting risks, including health and safety risks and developing mitigation strategies.</p> <p>Staff documented adverse and near-miss events in accordance with the National Adverse Event Reporting Policy. A sample of incident forms reviewed showed that these were fully completed, incidents were investigated, action plans were developed, and actions were followed up in a timely manner. The CHM was aware of essential notifications to HealthCERT and Health Quality and Safety Commission severity assessment codes (SAC1 and SAC2). There have been no section 31 or sac reports required to be submitted.</p> <p>The CM was aware of the Health and Safety at Work Act (2015) and implemented its requirements. All visitors to the service are informed and reminded of the importance of health, safety, and infection prevention and control. No events required reporting to WorkSafe NZ in the previous 12 months. A hazard register was in place, and evidence of completed environmental audits was sighted.</p>
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		<p>Positive outcomes for Māori and people with disabilities are integral to quality and risk management activities. The CM reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding Māori models of care, health and wellbeing and culturally competent staff.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day, seven days a week. The facility adjusts staffing levels to meet the changing needs of residents. The care staff reported that there are adequate staff members to complete the work allocated to them. The residents and family/whānau interviewed supported this. Over the past four weeks, the rosters consistently showed that all shifts were covered by experienced HCAs, with support from the FM, CM and registered nurses. Residents and family/whānau interviewed stated they are informed of any staff changes.</p> <p>The FM is at the facility on most days from Monday to Friday. The CM works 10 hours a week, one registered nurse works 10 – 15 hours a week, and the other registered nurse works 10- 20 hours a week. The management is available on-call 24/7.</p> <p>Ongoing education is planned on an annual basis, including mandatory training requirements. Competency assessments completed by all staff include (but are not limited to) hand hygiene, donning and doffing of personal protective clothing, medication administration, fire safety, and first aid competencies. Mandatory training for care staff, CM and registered nurses included: Te Tiriti o Waitangi; emergency procedures; informed consent and open disclosure; sexuality and intimacy; abuse and neglect; food safety; hand hygiene; complaint process; chemical safety training; management of behavioural psychological symptoms of dementia; health and safety; medication management; falls prevention; pain management; infection prevention and control.</p> <p>Care staff have either completed, commenced or are due to commence a New Zealand Qualification Authority education</p>

		<p>programme to meet the provider's funding and service agreement requirements. The HCAs have completed the following levels of training: one has achieved Level seven, four are on level five, three on level four, two on level two, and one is in the process of enrolling.</p> <p>The CM and registered nurses are accredited and maintain competencies to conduct interRAI assessments. Staff records were reviewed to confirm completion of the required training and competency assessments. Staff members interviewed reported feeling well-supported and safe in the workplace. The CM reported that the model of care ensured equitable treatment for all residents. Staff and management completed cultural training.</p> <p>The provider's environment encourages the collection and sharing of quality Māori health information. The service collaborates with local Māori organisations, which provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</p> <p>An employee assistance programme (EAP) is in place to promote staff well-being. Staff participated in an annual employee satisfaction survey, and staff interviewed reported a positive workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police-checked, and referees are contacted prior to an offer of employment being made. A sample of staff records reviewed confirmed that the organisation's policies are being consistently implemented. Each position has a job description. Five staff files were reviewed: one CM, one registered nurse, two HCAs and a cook.</p> <p>Records confirmed that all regulated staff and contracted providers had proof of current registration with their respective regulatory bodies, such as the New Zealand (NZ) Nursing Council, the NZ Medical Council, and the pharmacy, as well as other allied health</p>

		<p>service providers.</p> <p>Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and orientation to the environment, including emergency management. Staff performance was reviewed and discussed at regular intervals. Copies of current appraisals for staff were sighted.</p> <p>Each staff member's ethnic origin is documented on their personnel records and is used in accordance with Health Information Standards Organisation (HISO) requirements. A process to evaluate this data is in place and reported to the board at board meetings. Following incidents, the management team are available for any required debriefing and discussion.</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>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. The clinical notes were current, integrated, legible, and met current documentation standards. No personal or private resident information was publicly displayed during the audit. Archived records are held securely on-site and clearly labelled for easy retrieval. Residents' information is held for the required period before being destroyed.</p> <p>The service uses a paper-based system. Staff have individual passwords to the electronic medication management system and the interRAI assessment tool. The visiting general practitioner (GP) and allied health providers also document the necessary information in the residents' records. Policies and procedures guide staff in managing information effectively. The FM and CM reported that the staff have their logins. An external provider holds backup database systems.</p> <p>A consent process is in place for the collection of data. The records sampled were integrated. The CM reported that EPOAs can review residents' records in accordance with privacy laws, and records can be provided in a format that is accessible to the resident concerned.</p> <p>The service is not responsible for the National Health Index</p>

		registration of people receiving services.
<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>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Six admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria are based on the assessed need of the resident and the contracts under which the service operates. The facility manager is available to answer any questions regarding the admission process.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process. Declining entry would be if the service had no beds available or if care needs required exceeded what the provider could safely provide. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. The facility is strengthening links with the local marae. The service has information available for Māori, in English and in te reo Māori. The facility is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, employment opportunities and the activity programme.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know</p>	FA	<p>Six rest home resident records were reviewed including one resident on POAC and one resident on an LTS-CHC contract. The clinical manager (CM) and registered nurse (RN) are responsible for</p>

<p>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>all resident's assessments, care planning and evaluation of care. Apart from the POAC resident, initial assessments and long-term care plans were completed for residents, detailing needs, and preferences. The individualised paper based long term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All LTCP and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs (EWS) meet the residents' assessed needs and provided sufficient guidance to care staff in the delivery of care. Assessments include a cultural assessment to capture cultural needs, values, and beliefs. The POAC resident had a short-term care plan in place from assessments completed on entry.</p> <p>Short term care plans are developed for acute problems, for example infections. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the registered nurse (RN). Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the CM and RN and include the degree of achievement towards meeting the desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family involvement in care planning and documented ongoing communication of health status updates. The service has policies and procedures in place to support all residents to access services and information. The initial medical assessment is undertaken by the general practitioner within the required timeframe following admission. Residents have ongoing reviews by the general practitioner within required timeframes and when their health status changes. There is one general practitioner who visits two weekly and as required. Medical documentation and records reviewed were current. When interviewed the general practitioner was complimentary regarding the standard of nurse leadership and care provided. After hours care is provided by the contracted medical practice. If a physiotherapist is required a referral is completed. A podiatrist visits regularly and a dietitian, speech</p>
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		<p>language therapist, palliative care, wound care nurse specialist and medical specialists are available as required through Health New Zealand.</p> <p>An adequate supply of wound care products was available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken when this was required. Where wounds require additional specialist input a wound nurse specialist is consulted. At the time of audit there were no pressure injuries. A review of the wound register evidenced one resident with two current wounds. The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are up to date. Review of resident incident records and discussion with the FM and CM confirmed neurological observations are recorded following un-witnessed falls as per policy. A range of monitoring charts are available for the care staff to utilise. These include monthly blood pressure, weight monitoring and bowel records.</p> <p>Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive a written and verbal handover at the beginning of each shift observed on the day of audit.</p> <p>The service supports Māori and whānau to identify their own pae ora outcomes with process and policy providing guidance of how to ensure they are given choice and control over their supports. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to</p>	<p>FA</p>	<p>Three part time activity coordinators deliver the program and are supported by healthcare assistants. The activities programme is delivered over seven days per week. A monthly schedule is created in response to what the residents have requested. This includes cultural events including those associated with residents or staff.</p>

<p>maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>Weekly trips out for local historic sites, shopping, movies or cafes prove popular with the residents.</p> <p>The activities programme is provided in poster form on the noticeboard. The healthcare assistants delivering the programme remind the residents of the activity scheduled for the day prior to it commencing. Previous activity calendars reviewed evidenced that the programme ensures the residents have opportunities to participate in te reo Māori incorporating Māori language in entertainment and singing, participation in Māori language week, and Matariki. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as manicures, book reading and hand massage. There are two large connecting corridor covered areas, where residents and families/whānau can participate in games and large events. They can access newspapers, games, puzzles, and specific resources.</p> <p>A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan, the cultural component of the plans reflects the cultural diversity of the residents. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include exercise group, walking groups, newsletter and newspaper reading (in two languages), music, singing, Karaoke games; quizzes; entertainers; massage and hand pampering and visits from the local College students is enjoyed. Residents attend Korean and Chinese community groups through family and friends. The Korean and Universal Church visit weekly and deliver services to those wishing to attend.</p> <p>There are resident meetings planned six monthly and have occurred as scheduled. Family/whānau are welcome to attend these. Residents can provide an opportunity to provide feedback on activities at the meetings, six-monthly reviews or through informal catch ups with the management team. Residents interviewed stated the activity programme is very good. They were complimentary about opportunities available for them to maintain connections with</p>
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		their neighbourhood.
<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>	FA	<p>Medication management is available for safe medicine management that meet legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided.</p> <p>Staff were observed to be safely administering medications. Healthcare assistants interviewed could describe their role regarding medication administration. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in A block which also services Block B. Block C is currently not occupied; this has a similar secure medication cupboard and storage area completed for when residents are admitted into this area. The medication trolley in A block was always locked when not in use. A medication trolley has been purchased in preparation for Block C. The medication fridge temperature in Block A is monitored daily. The medication fridge temperature and room temperature records reviewed showed that the temperatures were within acceptable ranges. This process will be completed when C block is in service. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the general practitioner and charted on the electronic medication chart.</p> <p>Twelve electronic medication charts and one paper-based chart (POAC) were reviewed. The medication charts reviewed confirmed the general practitioner reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. There were no resident self-administering their medications on the day of audit, on interview staff are aware of policy and process when this is required. Pro re nata (PRN) medications are administered as prescribed, with effectiveness</p>

		<p>documented on the electronic medication system. Medication competent healthcare assistants sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The FM and CM described the process to work in partnership with residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.</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>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, issued 26 September 2024. Dry ingredients were decanted into containers for ease of access. All dry goods evidenced a decanting and or expiry date. The four-weekly seasonal menu has been reviewed by a dietitian (July 2024). The cook is supported by a part-time cook as required. The cooks have completed safe food handling. The cook takes responsibility for ensuring all staff involved in the meal service follow safe food handling guidelines. This information is also displayed throughout the main kitchen. There is a food services manual available in the kitchen. The cook receives resident dietary information from the nurse manager and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss.</p> <p>The cook (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Resident’s profiles were reviewed and noted to have been updated to include information following general practitioner or dietitian reviews or when the resident had requested a change to their likes or dislikes. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents have access to nutritious snacks. On the day of audit,</p>

		<p>meals were observed to be well presented. Healthcare assistants interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff.</p> <p>The cook completes a daily diary which includes food, fridge and freezer temperatures recordings. A new freezer and dishwasher have been installed. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are directly served to residents in the Block A and B dining room. The meals for Block C will be delivered to the kitchenette/dining room area via a trolley and a bain-marie and served by the chef. Residents were observed to be chatting to each other and enjoying the social interaction as well as the meal.</p> <p>The residents interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys. There is adequate food supply available for each resident for minimum of seven days.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures are documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>The facility participates in the Health New Zealand “yellow envelope” transfer documentation system to ensure sufficient detail is shared with other agencies to ensure a safe transition.</p> <p>Family/whānau are involved for all transfers and 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. The FM, CM and RN explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer</p>

		documentation.
<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>	FA	<p>The building holds a current warrant of fitness, which expires 15 July 2025. Maintenance is provided through a facility maintenance contractor. FM addresses day to day repairs and coordinates the planned maintenance program. Staff communicate directly with FM for repairs and maintenance requests. This is addressed daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (last completed on 7 April 2025). Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occur for Block A, B and C. The reviewed hot water temperature records showed acceptable temperatures. Essential contractors/ tradespeople are available 24 hours a day as required. Calibration of medical equipment has occurred as planned.</p> <p>The building is a single-level building with easy access to the gardens. A contracted gardener maintains gardens and grounds as per the provider's request. There are outdoor ramps with handrails and outdoor seating with shade. Communal areas are spacious and were found to be comfortable. The facility has sufficiently wide corridors for residents to safely mobilise using mobility aids, including wheelchairs. Residents were observed moving freely around the areas with mobility aids where required. Furniture and equipment have been purchased and are in place for Block C. The healthcare assistants interviewed stated there was sufficient equipment to safely carry out the resident cares as documented in care plans. The resident rooms throughout the facility are large enough to allow residents to move freely around their space and the rooms were observed to be personalised.</p> <p>Presently, the facility consists of two blocks (A and B). Block A has thirteen rooms, one of which is a double room. All rooms have a basin. The double room has adequate privacy with an en-suite and is currently occupied by a married couple. There is a lounge and dining room, and the main kitchen and laundry are situated here.</p> <p>Block B consists of seven rooms, one of which is a double room,</p>

		<p>which has adequate privacy. All rooms have a basin. There is also a dining and lounge area.</p> <p>Block C consists of thirteen rooms, all of which have a sink, seven of which feature a toilet with an extractor fan and a privacy curtain. One room is a double room with an en-suite bathroom. There are five communal shower and toilets available within Block C. Window film has been installed on all external windows to maintain privacy. Block C has undergone a complete refurbishment and is inclusive of a lounge, dining room, kitchenette. All relevant furnishings are in place and the area is now available for occupancy.</p> <p>There are adequate number of toilet and showering facilities. Vacant/in-use signage is on the toilet/shower rooms. All resident rooms are spacious enough to accommodate residents with mobility aids and wheelchairs. All residents interviewed confirmed their privacy was maintained while attending to personal hygiene cares.</p> <p>The three blocks are connected by a large corridor that opens out onto the garden area, where activities take place and family and whānau visit. There is access to the garden area from the dining, lounge and corridor.</p> <p>General living areas are heated by heaters. All resident rooms are equipped with individual heating and are well-ventilated. The facility has plenty of natural light. All residents interviewed stated they were happy with the temperature of the facility. There was consultation with Māori during the reconfiguration as required.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency/disaster management policies outline the specific emergency response and evacuation procedures, as well as the duties and responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff in completing a safe and timely evacuation of the facility in the event of an emergency. Fire and Emergency New Zealand has approved a fire evacuation plan as of 29 July 2024. Fire evacuation drills are held six-monthly, with the last one successfully completed on 28 January 2025 (which included Block C). Civil defence supplies are stored in a designated storage area and are inspected monthly. In the event</p>

		<p>of a power outage, a generator is available from a sister facility, as well as gas cooking options (BBQ and gas cooking in the kitchen).</p> <p>There is adequate food supply available for each resident for minimum of seven days. There are adequate supplies in the event of a civil defence emergency, including water supplies contained in tanks on the property and bottled water to provide residents and staff with three litres per day for a minimum of three days. There are plenty emergency supplies to accommodate the additional residents with the opening of Block C.</p> <p>Emergency management is included in staff orientation and is included in the ongoing education plan. Posters on display throughout the facility provide guidance of actions to take in the event of an emergency occurring. The audit team were advised of the process to follow should an emergency occur whilst on site. All staff have completed first aid training. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas in all blocks (A, B and C). Indicator lights are displayed above resident doors and panels in hallways to alert them of who requires assistance. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of maintenance audit. Residents interviewed confirmed that call bells are answered in a timely manner. Afternoon staff ensure the facility is locked each evening and there is a security camera monitoring corridors and external exits.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>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>Infection prevention and control, as well as antimicrobial stewardship (AMS), are integral to the service's business and quality plan, ensuring an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through the Public Health Unit, and Health New Zealand. Infection control and AMS resources are accessible.</p> <p>Infection rates are presented and discussed at resident and staff meetings. The data is also benchmarked internally. This information is also displayed on staff noticeboards. Any significant events are</p>

		<p>managed using a collaborative approach, involving the infection control coordinator, the management team, the general practitioner (GP) and the public health team. There is a documented process for reporting infection control and AMS issues to the directors.</p> <p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control manual outlines a comprehensive range of policies, standards, and guidelines, including the definition of roles, responsibilities, and oversight; a pandemic and outbreak management plan; responsibilities during construction and refurbishment; training; and staff education. The infection prevention and control programme, policies and procedures are reviewed by management in consultation with external consultants. Policies are readily accessible and available to staff as needed.</p> <p>The pandemic response plan is clearly documented to reflect the current expected guidance from Health New Zealand. The CM is the infection prevention and control coordinator (IPCC), and the job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The IPCC has completed various online training courses in infection prevention and control.</p> <p>The IPCC described the pandemic plan and confirmed that the implementation of the plan has proven successful during outbreaks. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection control policies and practices. The internal audit of infection control monitors the effectiveness of education and infection control practices.</p> <p>The IPCC reported that they work in consultation with Health New Zealand control specialists in procurement processes for equipment, devices and consumables. Sufficient infection prevention resources, including personal protective equipment (PPE), were available, and these were regularly checked against</p>

		<p>their expiry dates. The infection control resources were readily accessible to support the pandemic plan if required. Staff members interviewed demonstrated knowledge of the requirements for standard precautions and were able to locate relevant policies and procedures.</p> <p>The service has infection prevention information and hand hygiene posters in te reo Māori. The CM and the registered nurses work in partnership with Māori residents and family/whānau for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. Staff interviewed understood cultural considerations related to infection control practices.</p> <p>Policies and procedures are in place regarding the use of reusable and single-use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are included in the internal audits.</p> <p>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. Staff have completed hand hygiene, and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, and emails. There are no plans to extend or alter the building; however, the infection control coordinator would have input into the process if this occurred.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to</p>	<p>FA</p>	<p>The service has an antimicrobial use policy and procedure. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the resident cohort's size, scope, and complexity. Infection rates are monitored monthly, included in the monthly quality report, and presented at meetings. The CM collates and analyses the electronic medication</p>

<p>the needs, size, and scope of our services.</p>		<p>management system with pharmacy support. The annual infection control and AMS review and the infection control audit include antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, isolated pathogens and adverse effects.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity information, is collated in the electronic record management system and action plans are implemented accordingly. The HAIs being monitored included infections of the skin, eyes, and respiratory system. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used.</p> <p>Infection prevention audits were completed, including cleaning, laundry, personal protective equipment (PPE) and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they are informed of infection rates and regular audit outcomes at team meetings, which are documented in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, with a comparison to the previous month, the reason for the increase or decrease, and the advised action. Any new infections are discussed during shift handovers for the implementation of early interventions. The CM completes benchmarking by comparing the current month's infection data with that of the previous month. All infection data is reported monthly to the management and the directors as required.</p> <p>Residents and family/whānau were advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau.</p> <p>There were no infection outbreaks reported since the previous audit. The CM reported that any infection outbreaks are managed in accordance with the pandemic plan.</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 waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed wearing these as they carried out their duties on the audit days. There are sluice rooms (with sanitisers) and personal protective equipment, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Linen and personal clothes are laundered on-site. Healthcare assistants completed cleaning and laundry duties seven days a week. There are designated areas for clean and dirty laundry, and a clear flow from dirty to clean was evident. Kitchen linen and mop heads are also done on-site. There are sufficient washing machines and dryers. Material safety data sheets are available, and all chemicals are within closed systems. Linen was transported on covered trolleys.</p> <p>Trolleys with cleaning chemicals were attended to at all times and locked away in the cupboard when not in use. All chemicals on the cleaning trolley were labelled. Appropriate personal protective clothing was readily available. The numerous linen cupboards were well stocked with good-quality linen. The washing machines and dryers are regularly checked and serviced.</p> <p>The staff members interviewed demonstrated a good understanding of cleaning processes, infection prevention, and control requirements. Kitchen and laundry audits were completed, which evidenced compliance. The infection prevention and control coordinator provided support to maintain a safe environment during construction, renovation and maintenance activities.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without use of restraint. The restraint policy outlines what strategies are in place to ensure the facility remains restraint free and how resident</p>

<p>policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>safety is prioritised. There were no residents using restraints on the day of audit.</p> <p>Should restraint be considered, the facility would work in partnership with the resident and family/whānau to ensure services are mana enhancing. The designated restraint coordinator is the clinical manager. The restraint coordinator (interviewed) described what strategies are in place to ensure a focus is maintained on ensuring the facility remained restraint free. De-escalation, safe practice, alternative cultural interventions and challenging behaviour is included as part of the mandatory training plan and orientation programme.</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, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display

End of the report.