

# Phantom 2021 Limited - Thornbury House

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## Introduction

This report records the results of a Surveillance 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:** Phantom 2021 Limited

**Premises audited:** Thornbury House

**Services audited:** Dementia care

**Dates of audit:** Start date: 12 May 2025 End date: 13 May 2025

**Proposed changes to current services (if any):** The manager has changed the purpose of the staff room to a resident's room and is no longer using the double room as a double. Total bed numbers remain the unchanged. The new resident's room is verified for use as there is adequate space, heating and lighting for this purpose.

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



# Executive summary of the audit

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## Introduction

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

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumaruru | 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

Thornbury House is certified to provide dementia care for up to 34 residents. There were 31 residents on the days of audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Health New Zealand Te Whatu Ora. The audit process included a review of organisational and quality documentation, resident and staff files, observations, and interviews with family/whānau, management, staff, and a general practitioner.

The manager is experienced and is supported by the clinical manager who has been there two years and a team of experienced caregivers. Several environmental upgrades including a new roof, painting and new floor coverings throughout the facility and the change of use creating a new residents room have been made.

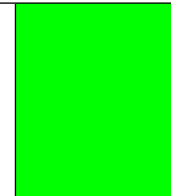
There are quality systems and processes being implemented. Feedback from family/whānau was positive about the care and the services provided. An orientation and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

Three of three shortfalls identified at the previous certification audit related to completion of incident forms and notification of family/whānau regarding incidents, care plan interventions and debriefing and meetings during outbreaks have been addressed.

This surveillance audit identified a shortfall in relation to the building warrant of fitness.

## 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.

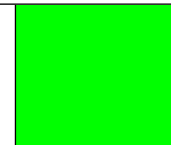
A Māori health plan and Pacific health plan are in place for the organisation. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports culturally safe care delivery to Pacific 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. There is evidence that family/whānau are involved and kept informed.

The rights of the resident supported by 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.

Thornbury House has a well-established and robust governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The business plan includes a mission statement and operational objectives which are regularly reviewed. Barriers to health equity are identified, addressed and services delivered that improve outcomes for Māori. The

service has effective quality and risk management systems in place that take a risk-based approach and progress is regularly evaluated against quality outcomes. There is a process for following the National Adverse Event Reporting policy and management have an understanding and comply with statutory and regulatory obligations in relation to essential notification reporting. A staffing and rostering policy is in place. Human resources are managed in accordance with good employment practice. An orientation programme and staff training plan are in place to support staff in delivering safe quality care.

## 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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The clinical manager assesses, plans and reviews residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Interventions are documented in detail to address medical, physical, social and cultural needs. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

All staff responsible for administration of medication have completed education. The electronic medicine charts reviewed were reviewed at least three-monthly by the general practitioner. The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan.

All residents' transfers and referrals occurs in a coordinated manner.

## 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.		Some subsections applicable to this service partially attained and of low risk.
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Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved by management. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan.

Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There had been three outbreaks since the last audit.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator is the clinical manager. The facility is restraint free. Ensuring the service remains restraint free is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

### 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	17	0	1	0	0	0
Criteria	0	47	0	1	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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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. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	A Māori health plan is documented for the service; this plan is the basis of the Thornbury House strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. At the time of the audit the service had no residents or staff who identified as Māori. The service recognises Māori mana motuhake and the registered nurse described how this is included in the Māori health plan and would be in the care plan of residents who identified as Māori.
<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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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	The Ola Manuia Pacific Health and Action Plan and Te Mana Ola are the chosen models for the Pacific health plan and Pacific Peoples Culture and General Ethnicity Awareness Policy. At the time of the audit there were no residents who identified as Pasifika. There were Pacific staff who could confirm that cultural safety for Pacific peoples, their worldviews, cultural, and spiritual beliefs are embraced at Thornbury House.

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The manager when interviewed, demonstrated how the Code is provided in welcome packs in the language most appropriate for the resident, to ensure they are fully informed of their rights. Interviews with four family/whānau confirmed they are informed of their rights and their choices are respected.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The Phantom 2021 organisational policies provide guidelines to prevent any form of institutional racism, discrimination, coercion, harassment, or other exploitation. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances. All staff at Thornbury House are trained in and aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Six staff were interviewed; four caregivers, one senior registered nurse, one cook and the manager demonstrated an understanding of professional boundaries when interviewed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and</p>	<p>FA</p>	<p>Policies are in place for informed consent that meet the requirements of the Code. Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations. Family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA) or welfare guardians. All documentation regarding EPOA and activation is on file.</p>

<p>their ability to exercise independence, choice, and control.</p>		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to family/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. The Code and complaints process is visible, and available in te reo Māori, and English. A complaints register is being maintained which includes all complaints, dates and actions taken. There have been three verbal complaints made in 2024; no written complaints have been made. All verbal complaints included follow up and outcome letters which demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). There were no trends identified.</p> <p>The manager is responsible for the management of complaints. Family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. Discussions with family/whānau confirmed they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The manager acknowledged their 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,</p>	<p>FA</p>	<p>Thornbury House is situated in Dunedin and one of four age care facilities owned by Phantom 2021 Limited. Thornbury House provides care for up to 34 dementia level of care residents across two areas (Main lodge and Cottage), with 31 residents living at the facility on the day of the audit. All residents were under the age-related residential care (ARRC) contract.</p> <p>Phantom 2021 Limited is a family-owned company and took ownership of Thornbury House in December 2022. There are two owners/ directors, and both have experience in aged care management and working with residents with dementia.</p> <p>The owner/directors visit the facility every week to two weeks and do a</p>

<p>and sensitive to the cultural diversity of communities we serve.</p>	<p>walk through. Further to this there is a regular quarterly management meeting which all managers and clinical managers attend. The owners/directors were available for interview and were able to confirm their availability for the manager - the manager confirmed the owners/directors were approachable. Two monthly staff meetings take place. A clinical/registered nurse meeting occurs two monthly. Both meetings include discussion of the monthly reports developed by the clinical manager which include, reporting on falls, incidents/accidents, restraint, infections. Reports to the owner/directors confirmed adequate information to monitor organisational performance, including potential risks; contracts; human resources and staffing; growth and development; maintenance; quality management; and financial performance. The owners/directors are able to attend the quality and management meetings if they choose to. There are three-monthly resident meetings. Newsletters are circulated to residents and families/whānau three-monthly. Some content is generalised to all facilities owned, with individual sections devoted to Thornbury Home.</p> <p>The business plan includes the scope, direction, goals, values, and mission statement of the organisation. Goals are documented and the goals from the previous year were evaluated.</p> <p>A quality management system is in place, this includes a process to record adverse events, quality data and reporting. Policies and procedures are provided by an external consultant who has Māori representation and consultation underpinning the development of policies and procedures. The manager confirmed the owners/directors were able to contact the external consultant if they need individual advice or support for Māori. Cultural assessments and care plans are based on Te Whare Tapa Wha Māori model of care. Staff stated they focus on improving outcomes and reducing barriers for all residents.</p> <p>The owner/directors assume accountability for delivering a high-quality service through seeking meaningful representation of Māori through an external provider, honouring Te Tiriti o Waitangi and defining a governance and leadership structure, including clinical governance which is appropriate to the size and complexity of the organisation.</p> <p>The clinical manager has been in the role for one year. The clinical manager is an internationally qualified nurse with previous experience in management. The manager (non-clinical) has been in the role for four years and has a background in advocacy. The manager has completed</p>
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		<p>eight hours annually of professional development activities related to aged care management. The clinical manager deputises for the manager when absent. Responsibilities and accountabilities are defined in the job description and individual employment agreements.</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>Thornbury House is implementing a 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. Quarterly quality and general staff meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints; 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 and evidence of progress and sign off when achieved. Quality, health and safety goals and progress towards attainment are discussed at quality improvement and general staff meetings. Quality data and trends are added to meeting minutes. There was evidence of high staff attendance at meetings.</p> <p>Corrective actions are discussed at quality improvement meetings to ensure any outstanding matters are addressed with sign off when completed. Family/whānau satisfaction surveys were completed in September 2024 the data was collated and shared with staff at staff meetings and via the newsletter. The survey results evidenced satisfaction in all areas. The manager noted the response rate had improved in both the staff and family/whānau surveys from the previous surveys as they had changed the way they sent the surveys out and collected data. A health and safety system is in place. Hazard identification forms are completed electronically, and an up-to-date hazard and risk register was reviewed (sighted). Staff are kept informed on health and safety issues in handovers.</p> <p>Paper based records are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, evidenced in a sample of ten accident/incident records reviewed. Incident and accident data is collated monthly and analysed. Results are discussed in the quality improvement and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely</p>

		<p>follow up by the clinical manager and family/whānau have been notified. The previous shortfall (2.2.5) has been addressed.</p> <p>Discussions with the facility/clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There were two section 31s and a notification and a severity assessment code (sac) report to the Health Quality and Safety Commission completed. There have been three outbreaks in 2024 which were appropriately followed up and resolved.</p>
<p><b>Subsection 2.3: Service management</b></p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>A staffing policy describing rostering requirements, determines staffing levels and skill mixes to provide culturally safe care, 24 hours a day, seven days a week is in place. The roster provides appropriate coverage for the effective delivery of care and support. The facility adjusts staffing levels to meet the changing needs of residents. The clinical manager works Monday to Friday and when they are on leave, an enrolled nurse (interRAI trained) provides support to the caregivers. The RN from a nearby sister facility provides clinical oversight for the enrolled nurse.</p> <p>Rosters from the past two weeks showed that all shifts have cover. The clinical manager provides on call support; the manager provides non-clinical support. A review of the roster evidenced caregivers are rostered to all areas.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in interviews. Family/whānau interviewed confirmed their relatives care requirements are attended to in a timely manner. Interviews with staff confirmed that their workload is manageable. Vacant shifts are covered by available caregivers.</p> <p>The annual education and training schedule documented is being implemented. The education and training schedule lists compulsory training. The organisation's online training portal can be accessed on personal devices. External training opportunities for care staff includes training through hospice.</p> <p>Staff are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications in Health and Wellbeing. Thornbury House has a number of long serving/experienced staff who have been employed for</p>

		<p>more than ten years and are deemed as NZQA level 4 equivalent, these staff have completed previous ACE training. There are a total seventeen caregivers; eleven have completed the relevant dementia qualifications. Four have been employed within the last eighteen months and are working towards completion.</p> <p>All staff are required to complete competency assessments as part of their orientation. All caregivers are required to complete annual competencies for restraint, handwashing, correct use of personal protective equipment, cultural safety, moving and handling, falls, and use of a nebuliser. A record of completion is maintained on an electronic register. The clinical manager completes additional registered nurse specific competencies include interRAI assessment competency. The clinical manager and enrolled nurse have completed interRAI training.</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>	FA	<p>Five staff files (one clinical manager, one enrolled nurse, one cook and two caregivers) reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports the clinical manager and caregivers to provide a culturally safe environment for Māori. All staff who have been employed for a year or more have a current performance appraisal on file.</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</p>	FA	<p>Five resident files were reviewed all were on aged residential care contracts. The clinical manager and enrolled nurse are responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and</p>

<p>whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>information from pre-entry assessments.</p> <p>Initial assessments and long-term care plans were completed for residents, detailing needs, and preferences. Initial care plans are completed within 24 hours of admission. The individualised long-term care plans are developed with information gathered during the initial assessments and the interRAI assessment. All long-term care plans and interRAI assessments sampled had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet all of the residents' assessed physical, medical, social, cultural needs and all associated risks. The shortfall (3.2.3) regarding ensuring interventions are in place for residents have now been resolved.</p> <p>The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan.</p> <p>Short-term care plans are developed for acute problems, for example infections, wounds and weight loss. 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 clinical manager. 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 clinical manager and include the degree of achievement towards meeting desired goals and outcomes. Family/whānau interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status.</p> <p>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. The general practitioner visits weekly and as required. Medical documentation and records reviewed were current. The general practitioner interviewed stated there was good communication with the facility. The general practitioner is also available after hours for the</p>
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		<p>facility. A physiotherapist visits the facility on request, to review residents referred by the clinical manager. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice and medical specialists are available as required through Health New Zealand.</p> <p>An adequate supply of wound care products were 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. Photographs were taken when this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. At the time of the audit there was one long term chronic wound. Appropriate notifications had been made. The registered nurse and enrolled nurse were aware of the wound care policy and described how this worked. Where a resident has a wound that is deteriorating, the resident would be referred to a hospital facility.</p> <p>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. Neurological observations are recorded following un-witnessed falls. A range of monitoring charts are available for the care staff to utilise. These include (but not limited to) monthly blood pressure; weight monitoring; bowel records; repositioning chart; blood glucose levels; intentional rounding, food intake charts, fluid balance monitoring, stress and distress monitoring. 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 handover at the beginning of their shift, as observed on the day of audit.</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</p>	<p>FA</p>	<p>Policies are available for safe medicine management that meet legislative requirements. The clinical manager and enrolled nurse along with caregivers who administer medications on the days of the audit have been assessed for competency on a six-monthly basis. Education around safe medication administration has been provided as part of the competency process.</p> <p>Staff were observed to be safely administering medications. The registered nurses and medication competent caregivers interviewed described their</p>

<p>practice guidelines.</p>		<p>role regarding medication administration. The service currently uses robotics rolls for regular medication, blister packs for controlled drugs, short course, and for pro re nata (PRN) medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication rooms. The medication fridge and medication room temperatures are monitored daily, and all were within accepted ranges. Following the previous audit an air conditioning system has been installed to maintain the appropriate room temperatures. All stored medications are checked weekly. Eyedrops have been dated on opening and all within the expiry date.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the general practitioners had reviewed all resident medication charts three-monthly, and each drug chart has photographic identification and allergy status identified. Indications for use were noted for PRN medications, and effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There were no residents self-administering medications. No vaccines are kept on site and no standing orders are used.</p> <p>There was documented evidence in the clinical files that family/whānau are updated around medication changes, including the reason for changing medications and side effects. Two medication incidents occurred, section 31s have been completed for these (these were sighted), these incidents were investigated and followed up on.</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</p>	<p>FA</p>	<p>Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The cook reported they accommodate residents’ requests.</p> <p>There is a verified food control plan which will expire 31 January 2026. The family/whānau interviewed were complimentary regarding the standard of food provided.</p>

and wellbeing.		
<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>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</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>	PA Low	<p>The buildings, plant and equipment are fit for purpose at Thornbury House. There is a building warrant of fitness report and form 12 b declaration which is due to expire on 1 July 2025. The monitoring for the new building warrant of fitness has been completed. At the time of the audit, the service were waiting for the new warrant of fitness certificate to be issued.</p> <p>The environment is inclusive of people's cultures and supports cultural practices. There is a maintenance person two days a week. A monthly maintenance plan is documented, implemented, and include annual calibration of medical equipment, checking performance of and testing and tagging of electrical equipment (last February 2025). The records were reviewed to be all up to date. Weekly hot water temperatures are completed across the facility and evidence to be within the appropriate parameters.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing</p>	FA	<p>There is an infection prevention and control (including the pandemic plan) and antimicrobial stewardship programme that has been developed by an external aged care consultant and their infection prevention and control specialists. The infection prevention and control manual outlines a</p>

<p>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>comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight of the infection prevention control coordinator, and training and education of staff. Policies and procedures are reviewed two yearly by the infection control coordinator who collaborates with the other infection control coordinators in their sister facilities. The infection prevention and control programme links to the overarching quality programme and is reviewed, evaluated, and reported on annually.</p> <p>The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand washing competencies; and donning and doffing personal protective equipment (PPE).</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 prevention and control programme and is described in the infection prevention and control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with the other facilities. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at quality improvement and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection prevention and control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Health New Zealand.</p> <p>Infections, including outbreaks are reported and reviewed so improvements can be made to reduce healthcare acquired infections (HAI). Education includes monitoring of antimicrobial medication, infection control and cultural safety aseptic technique, and transmission-based precautions.</p> <p>In 2024 there were three outbreaks; two gastroenteritis and one influenza</p>

		outbreak. All debrief meetings and outbreak reviews occurred as per policy requirements. The shortfall (5.4.4) has been addressed.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The owners/director demonstrate a commitment to eliminating restraint. The clinical manager is the restraint coordinator and is committed to ensuring restraint is not used at Thornbury House. There were no residents using restraint. The clinical manager (restraint coordinator) maintains a focus on ensuring care is provided in the least restrictive way possible. The restraint policy confirms that restraint consideration and application must be made in partnership with family/whānau, and the choice of the device (if restraint were to be used) must be the least restrictive possible. When restraint is used the facility works in partnership with the resident and family/whānau to ensure services are mana-enhancing.</p> <p>Restraint education is provided at orientation and updated annually, as sighted in the training records. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples’ cultures and supports cultural practices.</p>	PA Low	There is a building warrant of fitness report and form 12 b declaration which identifies areas of non-conformance due to expire on 1 April 2025. The monitoring for the new building warrant of fitness has been completed; however, at the time of the audit, the service did not have a current building warrant of fitness.	The building does not have a current warrant of fitness.	<p>Ensure the building displays a current warrant of fitness certificate.</p> <p>365 days</p>

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

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

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

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

No data to display
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End of the report.