

Geraldine Retirement Village (2009) Limited - Geraldine Retirement Village

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: Geraldine Retirement Village (2009) Limited

Premises audited: Geraldine Retirement Village

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 9 June 2025 End date: 10 June 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: 12

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
Yellow	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
Red	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

Geraldine Retirement Village is certified to provide rest home services for up to 20 residents. There were twelve 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 residents, family/whānau, management, staff and a nurse practitioner.

There have been no changes in management since the last audit. Internal refurbishments are ongoing. The owners/managers are on site four days per week and support the clinical nurse manager who is supported by a team of experienced caregivers. Quality systems and processes are being implemented. Feedback from residents and 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.

This surveillance audit has identified no shortfalls.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

The Māori health plan is in place for the organisation. Te Tiriti o Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs. Geraldine Retirement Village demonstrates their knowledge and understanding of residents' rights and ensures residents are well informed in respect of these. Residents are kept safe from abuse and staff are aware of professional boundaries. Well established systems are in place to facilitate informed consent and to protect resident's property and finances. The complaints process is responsive, fair, and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers' Rights and complainants are kept fully informed.

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.

Geraldine Retirement Village is owned by experienced providers who also own a facility in Christchurch, they provide a well-established and robust governance structure, including clinical governance appropriate to the size and complexity of the services provided. The business plan includes a mission statement and operational objectives which are reviewed annually. 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. The staffing and rostering policy is in place. Human resources are managed in accordance with good employment practices. 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 nurse 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 nurse practitioner and visiting allied health professionals.

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

All residents' transfers and referrals occur 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.		Subsections applicable to this service fully attained.
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The building holds a current building warrant of fitness. 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 prevention and control programme have been developed and approved by management. Infection prevention and 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 have been no 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 has no residents using restraint. Restraint has been eliminated since the last audit. Minimisation of restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses 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	18	0	0	0	0	0
Criteria	0	49	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service, which Geraldine Retirement Village utilises as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. At the time of the audit the service had both residents and staff who identified as Māori. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and in the care plan of one resident identified as Māori.</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>	FA	<p>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 or staff who identified as Pasifika. The owner/manager was able to describe their commitment to ensuring Pacific peoples cultural safety, spiritual beliefs. Pacific peoples are embraced at Geraldine Retirement Village.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The owner/manager when interviewed, demonstrated how they are 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 and five residents 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>	FA	<p>The Geraldine Retirement Village policies provide guidelines to prevent any form of institutional racism, discrimination, coercion, harassment, or any 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 Geraldine Retirement Village are trained in and aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Five staff were interviewed (four caregivers and one cook) and management (clinical nurse manager and one owner/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</p>	FA	<p>Policies and procedures are in place around informed consent and meet the requirements of the Code. Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations. Residents and family/whānau interviewed could describe informed consent 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>make informed decisions in accordance with their rights and 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. 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. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau 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 no complaints made in 2024 and 2025 year to date. Previous complaints (2023) documentation was reviewed and 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). The clinical nurse manager is responsible for the management of complaints. Residents or 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 residents and family/whānau confirmed that 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 clinical nurse manager acknowledged their understanding there is a preference for face-to-face communication and the inclusion of family/whānau participation for Māori.</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. 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. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and</p>	<p>FA</p>	<p>Geraldine Retirement Village is privately owned and managed. Geraldine Retirement Village is certified to provide rest home level care for up to 20 residents within a 10-bed rest home and 10 serviced apartments. At the time of the audit there were 12 residents, this included three residents who have mental health contracts and nine rest home level care including one resident on respite care. All other residents were under the age-related residential care (ARRC) contract. There were no double or shared rooms.</p> <p>No significant changes have been made to the environment. There have been no changes in managers.</p>

<p>sensitive to the cultural diversity of communities we serve.</p>		<p>The service is governed by Geraldine Retirement Village (2009) Ltd who has overall responsibility for planning of company purpose, values, scope, direction, and goals. The mission, philosophy, values, and goals are identified in the quality and risk management plan. The two owners/managers are actively involved in all levels of service delivery including staff rosters, budget preparation and authorisation, human resources (recruitment and retention), building maintenance and ensuring safe standards are met. Organisational performance is regularly monitored against the direction and goals. The business plan describes annual goals and objectives that supports outcomes to achieve equity for Māori and addresses barriers for Māori. Cultural safety is embedded within the documented quality programme and staff training.</p> <p>The clinical nurse manager is a registered nurse and has been in the role for nine years and has worked for the current owners for fourteen years. They are supported by an experienced care team. The owners/managers are on site four days per week so there is a clear link between management and governance.</p> <p>The owners/managers and clinical nurse manager are knowledgeable around contractual and legislative requirements. The clinical nurse manager reports regularly to the owners/managers. The owners/managers regularly attend the staff meeting which includes day-to-day operational activities and reporting on the quality and risk management programme, training, health and safety, infection prevention and control, staffing, internal audits; complaints (if any), cultural safety, and survey results.</p> <p>Geraldine Retirement Village has a 2024-2025 business plan that includes a mission, philosophy, and objectives of the service. The business plan is regularly reviewed against set goals as part of the management meeting. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.</p> <p>The clinical nurse manager undertakes professional development activities related to managing an aged care facility and attended 2024 New Zealand Aged Care Conference. The clinical nurse manager is responsible for clinical governance and has maintained at least eight hours annually of professional development activities related to managing an aged care facility, through attending regular aged residential care forums and online training. The clinical nurse manager has contact with the clinical nurse</p>
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		<p>manager at the sister site.</p> <p>The owners/managers and clinical nurse manager have maintained a minimum of eight hours of professional development per year relating to the management of 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>	<p>FA</p>	<p>At the beginning of the 2025-year Geraldine Retirement Village implemented a new quality and risk management programme provided by an aged care expert. This system included new policies and procedures and new internal audit documents and monitoring. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Quarterly general staff meetings provide avenues for discussions in relation to (but not limited to) quality data; health and safety; infection prevention and 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. Quality improvement projects included eliminating restraint. Benchmarking occurs within the electronic system. Resident and family/whānau satisfaction surveys were completed in February 2025 and data is still being collated and analysed; The assistant manager confirmed once the results are published it will be communicated to residents in the four monthly resident and family/whānau meetings and displayed on the noticeboard at the main entrance. The 2024 survey evidenced high levels of satisfaction in all areas of service delivery. In the event of corrections required these would be discussed with staff and residents and family/whānau would be advised of the results.</p> <p>A health and safety system is in place. Hazard identification forms are completed electronically, and an up-to-date hazard and risk register was</p>

		<p>reviewed (sighted). Staff are kept informed on health and safety issues in handovers and meetings. Electronic entries are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, evidenced in a sample of six accident/incident records reviewed. Incident and accident data is collated monthly and analysed. Results are discussed in the quality improvement and general staff meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow up by the clinical manager.</p> <p>Discussions with the clinical nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. No Section 31 notifications or severity assessment code (sac) reports to the Health Quality and Safety Commission have been made since the previous audit as there have been no events in 2024/2025 requiring notification. There have been no reported outbreaks.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The facility clinical manager is available full time from Monday to Friday and also provides after- hours on-call cover. The owners/managers are on site for four days per week (two days each). The clinical nurse manager (who also does activities), and all caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes. The roster reviewed evidenced that short notice absences are covered by casual staff. There are sufficient numbers of caregivers allocated on each shift to meet the care needs of residents. There are separate kitchen staff, maintenance, and a gardener. Laundry and cleaning duties are completed by the caregivers. Caregivers interviewed stated the workload is manageable.</p> <p>The annual education and training schedule; has been fully implemented to date and covers all mandatory training, as well as a range of topics related to caring for the older person. Staff reported they are provided with most training in formal face to face sessions and impromptu toolbox training. Recently the clinical nurse manager has started to use the online platform that is available with the resident quality management system. All staff are required to complete competency assessments as part of their orientation</p>

		<p>and include hand hygiene, correct use of personal protective equipment (PPE) and manual handling and transfers. Staff who administer medication complete annual medicine competency and a record of completion is maintained.</p> <p>Caregivers are encouraged to attain Careerforce New Zealand Qualifications Authority training (NZQA) levels in Health and Wellbeing. There are nine caregivers in total, six have either level three or four NZQA and two others have experience in aged care. The clinical nurse manager attends a wide of external training sessions. A record of completion is maintained in the education folder. The clinical nurse manager has completed the interRAI assessment competency.</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 nurse manager, one cook and three caregivers) were reviewed. All files 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 orientation programme supports caregivers to provide services in 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 whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and</p>	FA	<p>Five resident files were reviewed: four rest home residents' files, including a resident on respite care and one with a mental health contract. The clinical nurse manager is 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 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</p>

<p>whānau to support wellbeing.</p>	<p>hours of admission. The individualised 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 resident's 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.</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 residents' individual activity care plans.</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 nurse 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 nurse manager and include the degree of achievement towards meeting 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/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. The service has policies and procedures in place to support all residents to access services and information.</p> <p>The initial medical assessment is undertaken by the nurse practitioner within the required timeframe following admission. Residents have ongoing reviews with the nurse practitioner within required timeframes and when their health status changes. The nurse practitioner visits two weekly and as required. Medical documentation and records reviewed were current. The nurse practitioner interviewed stated there was excellent communication with the service and was complimentary of the oversight provided by the clinical nurse manager. Out of hours calls are supported by the nurse practitioner and the emergency department at the local hospital. Access to hospice, medical specialists, wound, and continence specialists are</p>
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		<p>available as required through Health New Zealand. Allied health professionals such as the podiatrist visit regularly or the physiotherapist when referred to.</p> <p>An adequate supply of wound care products were available at the facility. There were no current wounds at Geraldine Retirement Village and there are policy and procedures for the clinical nurse manager to provide direction and support in the event of a skin tear or other minor wound. Wound care assessment and planning documentation is available, and photographs would be taken as required and wound specialist input is available.</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 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 practice guidelines.</p>	<p>FA</p>	<p>Policies are in place for safe medicine management that meets legislative requirements. Staff who administer medications on the days of the audit have been assessed for competency on an annual 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 clinical nurse manager and medication competent caregivers interviewed could describe their role regarding medication administration. The service uses blister packs 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</p>

		<p>medication fridge and area where medications are held are monitored daily and were within accepted ranges. All stored medications are checked weekly. Eyedrops have been dated on opening and all are within the expiry date. Regular physical checks and reconciliation of controlled drugs has been completed.</p> <p>Ten electronic medication charts were reviewed. The medication charts were reviewed by the general practitioner three-monthly, and each drug chart has photographic identification and allergy status identified. Indications for use were noted for PRN medications and the effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. There were two residents self-administering medications; all have the appropriate and updated as per policy and procedure. No vaccines are kept on site and no standing orders are used.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these 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 and wellbeing.</p>	FA	<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 expires 1 March 2026. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</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>	FA	<p>Documented policies and procedures are in place 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</p>

<p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>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>	<p>FA</p>	<p>The buildings, plant, and equipment are fit for purpose at Geraldine Retirement Village and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices. Residents are able to personalise their rooms. There is a maintenance person two days a week. A monthly maintenance plan is documented, implemented, and includes annual calibration of medical equipment, testing and tagging of electrical equipment (last completed in March 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. A building Warrant of Fitness expires 1 June 2026.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There is an infection prevention and control programme (this includes the pandemic plan and antimicrobial stewardship) that has been developed by an external aged care consultant and their infection control specialists. The infection prevention and control manual outlines the comprehensive range of policies, standards and guidelines. The manual includes information regarding defining roles, responsibilities and oversight, the infection prevention and control coordinator, and training and education of staff. The policies and procedures have been implemented in early 2025. The infection control coordinator had already completed the annual review and has put in place the new infection prevention and control programme. The first review with the consultant will occur in 2026. The infection prevention and control programme links to the overarching quality programme and the infection prevention and control programme is reviewed, evaluated, and</p>

		<p>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 hygiene competencies; and donning and doffing of 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>	FA	<p>Infection surveillance is an integral part of the infection prevention and control programme; this 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 has occurred by comparing data from previous months, it is now able to occur with the consultants benchmarking information. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection surveillance is discussed at 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. Education includes monitoring of antimicrobial medication, infection control and cultural safety aseptic technique, and transmission-based precautions. There have been no outbreaks since the last audit.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive</p>	FA	<p>The owners/managers demonstrate a commitment to having no restraint. The clinical nurse manager maintains a focus on ensuring care is provided in the least restrictive way possible. There were no residents using restraint. A clinical nurse manager undertakes the restraint portfolio and drives the ongoing philosophy of eliminating restraint. The restraint policy confirms that restraint consideration and application must be made in</p>

<p>practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>partnership with family/whānau, and the choice of the device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana-enhancing.</p> <p>Training for all staff occurs at orientation and 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. Restraint competencies are completed at orientation and annually.</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.