

# Heritage Lifecare Limited - Ellerslie Gardens Lifecare

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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 The DAA Group Limited, 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:** Heritage Lifecare Limited

**Premises audited:** Ellerslie Gardens Lifecare

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 27 May 2025 End date: 27 May 2025

**Proposed changes to current services (if any):** The service has added residential disability (physical) to the scope of services being provided at Ellerslie Gardens Lifecare.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 87



# 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 haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

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

### Key to the indicators

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

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

## General overview of the audit

Heritage Lifecare Limited - Ellerslie Gardens Lifecare (Ellerslie Gardens) is certified to provide rest home and hospital care services for up to 97 residents. The care home manager (CHM) and clinical services manager (CSM) have been employed since the last audit.

The type of services being provide onsite has increased, with residential disability (physical) now included in the scope of services being provided. This audit included verification that the service is able to appropriately provide this level of care.

This surveillance audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, whānau/family members, the care home manager, the regional business manager, staff, and a general practitioner.

The corrective actions required from the previous audit have been addressed, with improvements made to staff orientation records. As a result of this audit, improvements are required in relation to staff medication competency assessment and care planning.

## 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.

Ellerslie Gardens works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples are provided with services that recognise their worldviews and were found to be culturally safe.

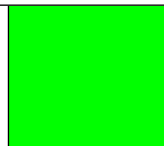
Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Service providers maintain professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. The property of residents was respected.

Policies and the Code provided guidance to staff to ensure informed consent is gained as required. Residents and whānau felt included when making decisions about care and treatment.

Complaints were resolved promptly, equitably and effectively in collaboration with all parties involved.

## Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This included ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance was monitored and reviewed at planned intervals.

A clinical governance structure met the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks were identified and mitigated.

The National Adverse Events Policy was followed, with corrective actions supporting systems learnings. The service complied with statutory and regulatory reporting obligations.

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff had the skills, attitudes, qualifications and experience to meet the needs of residents. There was a systematic approach to identify and deliver ongoing learning.

Professional qualifications were validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

## 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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Ellerslie Gardens Lifecare works in partnership with the residents and their whānau to assess, plan and evaluate care. Residents were assessed before entry to the service to confirm the level of care required. All interRAI assessments were current, including all in the interRAI database.

There was a medicine management system in place. The general practitioners (GPs) and nurse practitioner were responsible for medication reviews.

The food service met the nutritional and cultural needs of the residents. Food was safely managed, supported by an approved food control plan.

Residents were referred or transferred to other health services as required.

## 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 facility, plant and equipment met the needs of residents and were culturally inclusive. A current building warrant of fitness and planned maintenance programme ensured safety. Electrical equipment was tested as required. There have been no changes to the fire evacuation plan in place at the last audit.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, is linked with the quality improvement programme, and was reviewed and reported on annually. The unit coordinator (UC) oversees the infection prevention and control programme.

Staff demonstrated good principles and practice around infection control supported by relevant IP education.

The 'Surveillance of health care-associated infections' programme is appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

Infection outbreaks of COVID-19 were managed according to Ministry of Health (MoH) guidelines.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, alternative interventions, and demonstrated effective practice.

## 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	16	0	1	1	0	0
Criteria	0	47	0	1	1	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.</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>Ellerslie Gardens has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake was respected. Connections have been established with iwi and Māori organisations to support service integration, planning, equity approaches, and support for Māori. There were Māori residents and staff at the time of audit. Staff detailed the processes in place to ensure services are provided in order to meet individual residents' identified cultural needs.</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>Ellerslie Gardens provided services that are underpinned by Pacific worldviews and the Pacific people's health plan. Pacific residents interviewed felt their worldview, and cultural and spiritual beliefs, were embraced.</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>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</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>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff included education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement with additional information detailed in 'The Heritage Way'. This document is provided to staff on employment to review and sign. Education on abuse and neglect was provided to staff annually. Residents reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>The nursing team reported that staff were guided by the code of conduct to ensure the environment was safe and free from any form of institutional and/or systemic racism. Whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect, and were safe. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors and residents.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to</p>	FA	<p>Files reviewed evidenced that residents and/or their legal representatives were provided with the information necessary to make informed decisions in line with the Code. Residents interviewed, and where appropriate, their whānau, felt empowered to actively participate in decision-making. Signed admission agreements were evidenced in the sampled residents' records. Resuscitation and care plans were signed by residents who were competent</p>

<p>access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>and able to consent, and medical decisions were made by the GPs for residents who were unable to provide consent.</p> <p>The nursing team and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code.</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>A fair, transparent and equitable system was in place to receive and resolve complaints that led to improvements. The process met the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation. The care home manager (CHM) is responsible for complaints management, with the support of the regional business manager (RBM) and Heritage Lifecare Ltd (HLL) executive team for significant complaints. In the event of a complaint from a Māori resident or whānau member, the CHM advised they would ask how the resident/ whānau wanted the complaint investigation and follow-up process to occur and would seek the assistance of a te reo Māori interpreter if this is required, or an external Māori health service if applicable. The complaints form was available in English and te reo Māori, along with complaints/feedback 'drop box'.</p> <p>There have been no complaints received from external sources since the previous audit.</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</p>	<p>FA</p>	<p>The board of directors assumes accountability for delivering a high-quality service to users of the services and their whānau. Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required.</p> <p>Heritage Lifecare Ltd has a strategic plan in place that outlines the</p>

<p>governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>organisation’s structure, purpose, values, scope, direction, performance and goals. The CHM has developed a localised strategic plan commencing April 2025 for Ellerslie Gardens in line with the national framework. There are processes in place for monitoring, reviewing and reporting on progress towards achieving goals and other relevant issues through regular review and reporting and planned meetings. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori was evident in plans and monitoring documentation reviewed, and through interview with the CHM and RBM. A commitment to the quality and risk management system was evident. The RBM detailed processes in place to ensure relevant information was being identified and communicated in a timely manner to members of the HLL executive. Within HLL, there are four regional business managers and four regional health advisors who work in teams. Each team has an allocated ‘business partner’ from the people and culture team. The ‘trios’ work with allocated care homes across the Heritage services to provide advice and support to the management and staff teams. A new chief operating officer (COO) has been recruited and will commence on 17 June 2025. In the interim, each RBM reports to a different designated member of the executive team, with the chief executive officer (CEO) reporting to the board of directors.</p> <p>The clinical governance structure is appropriate to the size and complexity of the organisation. The clinical advisory group (CAG) meets monthly. The membership comprises the HLL national head of quality and compliance and the four regional health care advisers, and two members of the national learning and development team. Minutes sighted reflected a range of topics discussed including complaints, organisation-wide reportable events/incidents analysis including numbers, themes and trends, ‘red flags’, key performance indicators and education requirements.</p> <p>A new care home manager and new clinical services manager have been recruited since the last audit, starting at Ellerslie Gardens in February 2024 and April 2024 respectively. Both are new to HLL but have worked in the age-related residential care sector for a number of years. The RBM was in a similar role at HLL at the last audit.</p> <p>The service has Age-Related Residential Care (ARRC) contracts with Health New Zealand – Te Whatu Ora for hospital-level and rest home-level of care as well as long-term care – chronic health conditions (LTC-CHC). There is also a contract with the Accident Compensation Corporation (ACC), and a</p>
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		<p>contract with Whaikaha Ministry for Disabled People for residential care – non-aged. On the first day of audit, there were 87 residents receiving care. This included 29 residents receiving ARRC services at rest home-level care and 47 at hospital-level care. Five residents were receiving care under the LTC-CHC contract, with four at hospital-level and one at rest home-level of care. One other hospital-level care resident was receiving long-term care funded by the ACC. There were five other residents receiving services who are funded under the residential non-aged contract, but they have been assessed as needing rest home (one resident) or hospital-level care (four residents). Only one resident receiving services under this contract was under 65 years of age. There were no residents receiving respite care. .</p> <p>As there are five residents funded under the residential non-aged contract, the service is adding residential disability (physical) services to the scope of services being provided onsite. This unannounced surveillance audit included verification via observation, staff interview and a resident file reviewed that Ellerslie Gardens Lifecare has appropriate systems and processes in place to assess, plan and provide care for residents assessed as requiring residential disability (physical) level of care. The environment is suitable for residents requiring this level of care.</p> <p>There are 87 rooms, of which 10 rooms are suitable for twin occupancy. These are only used for ‘couples’ or as a large single-occupancy room.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular resident satisfaction survey, monitoring of outcomes, policies and procedures, and clinical incidents including infections. The service is restraint-free. A resident/whānau satisfaction survey was undertaken in February 2025. A final summary report has not been issued. The CHM advised being provided with a draft copy of some aspects of the report, and is awaiting the final version that includes the narrative comments from respondents, and will then develop an action plan to address any identified issues. A resident meal survey has also been undertaken. Overall, the feedback noted improvement with meal services, with minor issues noted by some respondents and these have been actioned by the CHM.</p>

		<p>There is a comprehensive internal audit programme. The CHM monitors that the required audits are being completed. The sampled audit reports demonstrated a high level of compliance with HLL requirements.</p> <p>Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated. The clinical services manager (CSM) undertakes monthly analysis of all reported incidents/adverse events, including themes and trends, and reports on these at the monthly staff/quality meeting.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and those sighted were current.</p> <p>The CHM and RBM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The Ellerslie Gardens risk register had been reviewed in 2025. The hazard register was last reviewed on 11 February 2025.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Open disclosure had occurred for applicable sampled events.</p> <p>The CHM and RBM understood and have complied with essential notification reporting requirements, with one exception. Section 31 notifications have been made in relation to residents absconding, episodes of challenging behaviour, resident injuries following a fall, flood damage to the premises, hot water outage, and the change in care home manager. Notifications had been made in relation to the changes in clinical services manager, except for the current clinical services manager. It was identified that, while a notification was made when the previous CSM was appointed as the care home manager, the notification about the change in CSM was not submitted at the same time. This change was notified to HealthCERT during audit. This not raised as an area for improvement as it did not reflect a systemic omission. The management team advised there have been no events that required reporting to the Health Quality &amp; Safety Commission.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusted staffing levels to meet the changing needs of residents. Coloured highlights on the roster identified which wings staff were rostered to work in. A multidisciplinary team (MDT) approach ensured all aspects of service delivery were met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there was 24/7 RN coverage in the hospital. There was a minimum of two registered nurse or a registered nurse and an enrolled nurse on duty, and four caregivers. The CHM advised the service had no permanent staff vacancies but had ongoing recruitment in place for casual caregiver roles.</p> <p>The employment process, which included a job description defining the skills, qualifications and attributes for each role, ensured services were delivered to meet the needs of residents. There were two general practitioners and one nurse practitioner who work in the service. A podiatrist visits twice a month, and physiotherapists visit weekly. An independent resident advocate chairs the resident meeting every third month and visits to support residents as required.</p> <p>Continuing education was planned on a biennial basis, including mandatory training requirements. The CHM noted this was a new change, as previously the education was covered in an annual education programme. Multiple sessions were provided for each topic to facilitate staff attendance. Related competencies were assessed and supported equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments with the exception of some staff medication competencies (refer to the area for improvement raised in criterion 3.4.3). Staff felt well supported with development opportunities.</p> <p>Care staff had either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Health New Zealand – Te Whatu Ora. One staff member had just completed a Level 2 (L2) qualification and one staff member had completed a Level 4 (L4) qualification. One staff member had just started L4 training. The CHM advised many of the care staff employed were internationally qualified nurses (IQNs).</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, including evidence of qualifications and registration (where applicable), and ensuring that these remain current.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role and evidence of this was seen in files reviewed. This includes completion of competencies relevant to the staff role and responsibilities. Competencies are repeated annually and were current in sampled files except for medication related competency for some designated care staff. This is included as an area for improvement in criterion 3.4.3. There are registered nurses with current syringe driver competency. This training is scheduled as part of the RN orientation programme. The shortfall from the last audit has been addressed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Six residents' files were reviewed. The local Needs Assessment and Service Coordination (NASC) agency confirmed the levels of care required and these were sighted in all files reviewed. The service used assessment tools that include consideration of residents' lived experiences, and cultural needs, values and beliefs. Nursing care is undertaken by appropriately trained and skilled staff. Care staff are provided with training relevant to their role. Cultural assessments were completed by the nursing team in consultation with the residents, and whānau/Enduring Power of Attorney (EPOA).</p> <p>The general practitioners (GPs) or nurse practitioner (NP) completed the residents' medical admissions within the required timeframes and conducted medical reviews promptly. Completed medical records were sighted in all files sampled. The GP reported that communication was conducted in a transparent manner, medical input was sought in a timely manner, medical orders were followed, and care was resident centred. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly.</p>

		<p>Behaviour management plans were in place for residents with behavioural concerns.</p> <p>The clinical services manager, and unit coordinator reported that sufficient and appropriate information was shared between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems or in the event of any significant change. The plans were reviewed weekly, or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition was reported to the CSM, UC or registered nurses; this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau were included and informed of all changes.</p> <p>A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The EPOA/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes. Evidence of EPOA/whānau and residents being notified following incidents was sighted on incident forms and communication with whānau/family forms in the resident files.</p> <p>Residents who were assessed as requiring residential non-aged care had their needs identified and managed appropriately.</p> <p>Improvements are required to ensure interRAI outcome scores, such as mood and behaviour, are identified on the long-term care plans.</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</p>	<p>PA Moderate</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. Medications were supplied to the facility from a contracted pharmacy. The GPs or NP had completed three-monthly medication reviews. Indications for use were noted for pro re nata (PRN) medications. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening.</p>

<p>that complies with current legislative requirements and safe practice guidelines.</p>		<p>There were no expired or unwanted medicines. Expired medicines were returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as required. Monitoring of the medicine fridge and medication room temperatures was conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The registered nurse was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.</p> <p>There were no residents who were self-administering medication on the audit day. Appropriate processes were in place to ensure this is managed in a safe manner if required. There is a self-administration of medication policy in place, and this was sighted.</p> <p>There were no standing orders in use.</p> <p>An improvement is required to ensure medication competencies are current for all staff administering medicines.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the food and cultural preferences of those using the service. All food and baking were being prepared and cooked onsite by employed staff. There was an approved food control plan, which expires on 9 November 2025. The menu review was completed on 22 April 2024.</p> <p>Diets were modified as required, and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents were given an option of choosing a menu they wanted. Residents have a nutrition profile developed on admission that identifies dietary requirements, likes, and dislikes. All alternatives were catered for as required. Snacks and drinks were available for residents throughout the day and night when required.</p> <p>EPOA/whānau and residents interviewed expressed satisfaction with the food service.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely with</p>

<p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Whānau reported being kept well informed during the transfer of their relative.</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>Building, plant and equipment were fit for purpose, inclusive of peoples' cultures and complied with relevant legislation. This included a current building warrant of fitness (expiry 9 March 2026), and electrical and bio-medical testing. There was an ongoing maintenance and refurbishment programme in progress. Three resident bedrooms were currently being renovated. Other areas in the care home had been painted, handrails modernised and a number of bathrooms refurbished. The CHM advised the planned renovation/refurbishment work was ongoing.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p> <p>The CHM advised there had been no changes to the building since the previous audit that required an update to the approved fire evacuation plan that was in place at the last audit.</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>FA</p>	<p>The UC is the infection prevention and control coordinator (IPCC). They are responsible for overseeing and implementing the IP programme, which has been developed by those with IP expertise and approved by the governance body. Evidence of the reviewed (2024-2025) IP programme was sighted. The programme is linked to the quality improvement programme and is reviewed and reported on annually. This was confirmed by the IPCC and a review of the programme documentation.</p> <p>Staff were familiar with policies and practices through orientation and</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>ongoing education and were observed to follow these correctly. Residents and their whānau were educated about infection prevention in a manner that met their needs.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data was collected, monitored, and reviewed monthly. The data, which included ethnicity data, was collated, and action plans were implemented. The HAIs being monitored included infections of the urinary tract, skin, eyes, respiratory system and wounds. Surveillance tools were used to collect infection data, and standardised surveillance definitions were used.</p> <p>Infection prevention audits were completed, including cleaning, laundry, personal protective equipment (PPE) donning and doffing and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they were informed of infection rates and regular audit outcomes at staff meetings, and these discussions were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, a comparison with the previous month, the reason for increase or decrease and actions implemented. Any new infections were discussed at shift handovers for early interventions to be implemented. Benchmarking is completed with other HLL facilities and externally with similar organisations. Results of surveillance and recommendations to improve performance are reported back to the governance body and shared with relevant people in a timely manner.</p> <p>There had been a COVID-19 infection outbreak reported in January 2025 since the previous audit. This was managed in accordance with the pandemic plan, with appropriate notification completed.</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</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this through documented policy and regular reporting requirements. The RBM interviewed has been responsible for the restraint elimination oversight across HLL and advised that all HLL care facilities became restraint-free in January 2025.</p>

<p>ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>At the time of audit, there was no restraint in use at Ellerslie Gardens. Staff reported, and documentation evidenced, that staff had been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person’s care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are</p>	PA Low	Residents' files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. All interRAI assessments reviewed were current, including all those in the interRAI database. However, interRAI outcomes scores related to mood and behaviour were not identified on the long-term care plans. Resident, whānau/EPOA and GP involvement is encouraged in the plan of care.	Three of six resident care plans did not have interRAI triggers (mood and behaviour) included.	<p>Ensure care plans have identified interRAI triggers, such as mood and behaviour, included.</p> <p>180 days</p>

<p>implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>				
<p>Criterion 3.4.3 Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	<p>PA Moderate</p>	<p>The policy and standards require that all staff administering medicines have current medication competencies. Registered nurses and an identified group of care staff are required to complete their medication competencies annually. The roster indicated that care staff that were considered medication competent by noting 'MED C ' besides their name on the roster, across the three shifts. Two of these staff had medication competencies overdue (due March 2025). The management team stated these staff were unlikely or no longer needed to be administering medications. One care staff medication competency was due in July 2024. This staff member was administering medications. The other care staff sampled had current medication competency as well as RNs that had completed their orientation .</p>	<p>Not all staff who administered medicines had current medication competencies.</p>	<p>Ensure all staff who administer medicines have current medication competencies.</p> <p>90 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.