

Eldson Enterprises Limited - Kaiapoi Lodge

Introduction

This report records the results of a Provisional 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: Eldson Enterprises Limited

Premises audited: Kaiapoi Lodge

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

Dates of audit: Start date: 26 June 2025 End date: 27 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: 46

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

General overview of the audit

Kaiapoi Lodge is certified to provide hospital (geriatric and medical) and rest home of care for up to 49 residents. There were 46 residents at the time of the audit.

The provisional audit was undertaken to establish the prospective provider preparedness to provide Health and Disability services and the level of conformity of the existing providers' service that is under offer. This provisional audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the services contract with Health New Zealand. The audit process included a review of policies and procedures, a review of residents and staff records, observations and interviews with management, staff, residents, family/whānau, general practitioner and the prospective provider.

The facility manager is supported by a clinical manager, registered nurses and a team of experienced staff. There are quality systems and processes being implemented. Feedback from residents and families/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 provisional audit identified six shortfalls in relation to the annual resident and family/whānau satisfaction survey, staff performance appraisals, monitoring, food menus, cleaning schedule and first aid certificates.

Ō tātou motika | Our rights

Residents and their family/whānau are informed of their rights according to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Kaiapoi Lodge has connections with local iwi and has a documented Māori health plan. A Pacific health plan is in place to ensure culturally appropriate services for Pacific residents. Staff receive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, enhancing their understanding of accessibility barriers. The informed consent process is well understood and implemented by staff. Complaint processes are equitable, with complaints promptly resolved in collaboration with family/whānau. Residents or their enduring power of attorney can make informed choices for themselves.

Hunga mahi me te hanganga | Workforce and structure

There is a documented business plan, mission, philosophy and objectives. It has implemented quality and risk management systems, with internal audits and meetings occurring as scheduled. Human resources policies cover recruitment, selection, orientation and staff training and development. A thorough orientation programme provides new staff with essential information for safe work practices. An in-service education/training programme addresses relevant aspects of care and support, and external training is supported. The staffing policy meets contractual requirements and ensures appropriate skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet residents' needs. The service ensures the secure, accessible, and confidential collection, storage and use of residents' personal and health information.

Ngā huarahi ki te oranga | Pathways to wellbeing

Residents are assessed by the Needs Assessment Service Coordination prior to entry as needing rest home or hospital level care. Accurate information is available in an information pack and on the website. Prior to entry, residents and their family/whānau are able to visit the facility and meet with staff. On the day of admission, the registered nurse undertakes a detailed and holistic assessment to identify residents' needs and preferences. From this, an initial care plan is developed. Within three weeks, a long-term care plan is developed in collaboration with the resident and their family/whānau. Medical care is provided by a contracted general practitioner who sees residents within one week of entry and three-monthly thereafter. A multidisciplinary approach is taken in evaluating care plans and residents and family/whānau have input into care plan evaluation.

Clinical notes are fully integrated, with all members of the multidisciplinary team contributing. Both group and individual activities are planned by the activities coordinator who identifies residents' interests and aspirations. Activities are aimed at enhancing physical strength and balance and mental and social wellbeing. Outings in the van are provided so residents continue to be part of the wider community. Medication management is safe and complies with legislation. Staff are competency assessed on an annual basis. Changes in medications are discussed with residents and their family/whānau. All meals and baking are cooked on site by an experienced cooks who have completed food safety training. Nutritional supplements prescribed by a dietitian or general practitioner are available. The service has a current food control plan. Transfer and discharge are planned processes that are communicated to residents and family/whānau.

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

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors area, seating and shade. There are communal toilets situated close to lounge areas with appropriate signage. Resident rooms are personalised. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents.

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

The infection prevention and control and antimicrobial stewardship programmes are tailored to the service's size and complexity. There is a documented outbreak response plan. The facility has adequate resources and personal protective equipment, and staff are appropriately trained. The facility manager oversees infection surveillance, sharing infection control data with staff, and ensures that general practitioner and external consultant recommendations are implemented. Policies and processes for managing waste, infectious, and hazardous substances are confirmed through document review and staff interviews. The effectiveness of laundry and cleaning processes is monitored via the internal audit system and ongoing management observations. There have been no outbreaks since the previous audit.

Here taratahi | Restraint and seclusion

There is leadership commitment to maintain a restraint-free environment. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator, who is the facility manager. The facility does not have residents currently using restraint. Use of restraints is considered as a last resort only after all other options were explored. Education is provided to staff around management of challenging behaviour.

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	22	0	4	1	0	0
Criteria	0	163	0	5	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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Māori health plan and policies are in place that describe Māori perspectives of health and a commitment to Te Tiriti o Waitangi. Kaiapoi Lodge has established connections with local iwi. The facility manager reported during interview they can access cultural support and guidance from an established relationship with a local Marae. A nearby school visits the facility on a regular basis to perform Kapa Haka.</p> <p>The recruitment policy includes provision of an equitable recruitment process. The facility manager confirmed in interview that the service supports a Māori workforce through equitable recruitment processes. There were staff and residents identifying as Māori at the time of the audit.</p> <p>Staff received training on Te Tiriti o Waitangi, Māori health policy, tikanga practices and te reo Māori. Interviews with twelve staff including two registered nurses (RN), six healthcare assistants (HCA), one activities coordinator, one maintenance person, one housekeeper and one cook confirmed that mana motuhake is respected and they are well-equipped to deliver equitable services for 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>	<p>FA</p>	<p>A Pacific health plan is in place, which documents care requirements for Pacific peoples to ensure culturally appropriate services. The plan includes the Fonofale model of care for use with Pacific peoples. At the time of the audit there were no residents or staff who identified as Pasifika; however, a former Pacific staff member acts as the Pacific cultural advisor for the service to provide any Pacific people guidance and support.</p> <p>Interviews with the facility manager and staff confirmed they understood the equity issues faced by Pacific peoples and can access guidance around appropriate care and service for Pasifika (when required). There are equitable recruitment and education processes to recruit and upskill Pacific staff (when employed).</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed on posters and brochures available in te reo Māori on entry to the facility. Brochures on the Code and the Nationwide Health and Disability Advocacy Service are also available. Interviews with four residents (two hospital and two rest home level) and three family/whānau (one hospital and two rest home) confirmed that staff are respectful and considerate of residents' rights in line with the Code. The facility manager confirmed the involvement of independent advocacy when required.</p> <p>Four to six weekly resident meetings provide a valuable platform for residents to voice their preferences regarding various aspects of the home, including food and activities. Documented evidence shows the service follows up on any raised issues. The service actively supports and encourages family/whānau engagement and welcome visits. Residents and family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service and were provided with opportunities to discuss and clarify their rights. The facility manager and clinical manager affirmed their commitment to respecting and upholding Māori autonomy and mana motuhake, which was confirmed by staff</p>

		<p>interviewed.</p> <p>Interview with the prospective provider confirmed residents rights will continue to be upheld. The prospective provider has been involved in the aged care sector for 25 years and is aware of their responsibilities under the Code of Rights and NZS 8134:2021 Section 1: Our Rights, subsection: 1.3</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Resident file reviews and interviews with staff, residents and family/whānau confirmed Kaiapoi Lodge is inclusive of each resident's identity, including their values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status and other social identities or characteristic. Staff were observed to maintain privacy throughout the audit. All residents have a private room. Care plans included respect for advance directives and personal wishes, as well as efforts to promote independence. Residents affirmed that their personal priorities are supported, which was observed during the audit and reflected in individualised care plans. In interviews with staff demonstrated their understanding of the principles of Te Tiriti o Waitangi and how to apply these in their daily work.</p> <p>Te reo Māori is featured in the facility's signage and posters, including the activities programme. Management is committed to respecting and upholding Māori autonomy, language and mana motuhake. Māori cultural days are celebrated including Matariki and Māori language week. Staff have received training covering Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori. Te reo Māori signage was visible throughout the facility and staff have access to the Māori health plan, which they reference and implement regularly in their daily activities.</p>
Subsection 1.5: I am protected from abuse	FA	Kaiapoi Lodge policies prevent any form of discrimination, coercion,

<p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>harassment, or any other exploitation. The service is inclusive of all ethnicities and cultural days are completed to celebrate diversity. An abuse and neglect policy is in place. Staff have completed education on how to identify abuse and neglect. Staff sign a code of conduct upon commencing employment. Staff demonstrated an understanding of what Te Tiriti o Waitangi means to their practice. Residents interviewed reported their property is respected, and professional boundaries are consistently maintained. The service follows a process of managing residents' finances through invoicing. Residents maintain a comfort account to avoid handling cash. Professional boundaries are defined in job descriptions. Staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>The staff satisfaction survey revealed high levels of satisfaction with communication, a safe work environment and the absence of a bullying culture. Interviews with staff and management confirmed their commitment to fostering a positive, inclusive and safe working environment. Staff are encouraged to address issues of racism and acknowledge their own biases, ensuring a supportive and equitable workplace. Staff interviewed expressed confidence in raising concerns about institutional and systemic racism, knowing that such concerns would be addressed. A strengths-based and holistic model of care is being implemented, ensuring wellbeing outcomes for Māori is achieved when in care.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about</p>	<p>FA</p>	<p>Residents and family/whānau interviewed provided positive feedback, noting that communication is open and effective and they felt listened to. Residents and family/whānau expressed the ability to raise concerns with staff and management and consistently felt heard and understood. A review of 12 adverse event forms confirmed family/whānau were notified of any events or incidents. The contact details for family/whānau and the enduring power of attorney (EPOA) were kept current with a secondary contact noted when the EPOA was unavailable. A general practitioner (GP) interview confirmed timely communication and appropriate follow</p>

<p>their choices.</p>		<p>ups.</p> <p>A review of residents' meeting minutes confirmed that residents can raise issues with staff and management. These concerns are followed up and any issues are addressed promptly. Information is provided to residents and family/whānau on admission. The clinical manager described an implemented process around providing residents and family/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Kaiapoi Lodge has access to interpreter services and cultural advisors/advocates when required. The service communicates with other agencies that are involved with the resident such as hospice and specialist services.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Seven resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid-19 and influenza vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. In the files reviewed, there were appropriately signed resuscitation plans, advance directives or shared goals of care in place.</p> <p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorney (EPOA) or welfare guardianship documentation were in resident files, where applicable. Where the EPOAs are activated, there is a medical letter of incapacity on file.</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</p>	<p>FA</p>	<p>The facility manager and clinical manager interviewed stated they have a good understanding of including residents and family/whānau</p>

<p>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>in decision making. There is complaints register maintained with the appropriate documentation. A robust process is in place to manage complaints in accordance with guidelines set by the Health and Disability Commissioner (HDC), which the facility manager could describe. There has been one complaint made since the last audit in December 2024. The complaint reviewed included evidence of investigation, follow up and reply to the complainant within the timeframes set out by the Health and Disability Commissioner. The facility manager advised that staff and the Board are informed of complaints (and any subsequent corrective actions) via staff/quality meetings (meeting minutes sighted).</p> <p>There have been no complaints from any external agencies. The admission/welcome pack includes information on the process for making a complaint. Interviews with residents and family/whānau confirmed they have been provided with information on the complaints process. Complaint forms are easily accessible at the entrance to the facility. The complaints process is equitable for Māori. The facility manager and clinical manager are aware of the preference for face-to-face communication with people who identify as Māori. Residents and family/whānau interviewed confirm the management are open and transparent in their communications and staff clearly explained the complaint process, ensuring they knew how to raise any concerns.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Kaiapoi Lodge provides rest home and hospital level of care for up to 49 residents. There are 20 dedicated hospital beds, 19 dedicated rest home beds and ten dual purpose beds. At the time of the audit there were 46 residents in the facility with 23 hospital residents and 23 rest home residents including one resident on a younger person with a disability (YPD) contract. All other residents were funded through the age-related residential care (ARRC) contract. There is one shared room which had single occupancy at the time of the audit. There was one married couple who were living in single rooms.</p> <p>Kaiapoi Lodge is privately owned by two directors, one who works actively in the human resource and marketing sector. The second</p>

	<p>director is an investor and has no day-to-day involvement in Kaiapoi Lodge operations. Advice regarding all operational areas including te ao Māori can be sought when required through an aged care industry consultant. A 2024-27 business plan is in place that includes a mission, philosophy and objectives for the service. The business plan is regularly reviewed against set goals. The facility manager is an RN who has worked at Kaiapoi Lodge for ten and a half years and has worked in the facility manager role since February 2025. The facility manager has an understanding regarding contractual and legislative requirements and has completed cultural training.</p> <p>The directors have an understanding in Te Tiriti o Waitangi and health equity and support meaningful inclusion of Māori and ensures the organisation's values and goals reflect the needs of Māori. The directors have completed Te Tiriti and cultural training. Interviews with the facility manager confirmed they focus on improving outcomes for Māori and people with disabilities, addressing barriers to ensure equity in all aspects of the service works. Residents are encouraged to participate in the planning and evaluation of the service through general feedback, annual surveys and resident meetings.</p> <p>The facility manager is supported by a clinical manager who has worked at Kaiapoi Lodge for two years and has worked in the clinical manager role since August 2024. There are regular meetings with the facility manager and director relating to day-to-day operational activities and reporting on the quality and risk management programme, including meetings; training; health and safety; infection prevention and control; staffing; internal audits; complaints (if any); cultural safety; and survey results. Auditors observed the facility manager actively interacting with residents and family/whānau, demonstrating their thorough understanding of the daily operations of the service.</p> <p>The facility manager undertakes professional development activities related to managing an aged care facility. Clinical governance is provided by the facility manager to the directors. The facility manager has maintained at least eight hours annually of professional development activities related to managing an aged</p>
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		<p>care facility, through attending regular aged residential care forums and online training.</p> <p>The prospective provider has 25 years' experience as an owner in the aged care industry and are well versed with all Legislative and Health NZ requirements and Standards regarding the operation of Aged Care Facilities at all levels i.e. rest home, dementia and hospital level of care.</p> <p>The prospective provider will be reviewing the current policies and having discussions with the current management team to ensure any issues are addressed and adequately managed, they will also have leadership meetings with the managers to establish payroll/invoicing systems to reflect their governance.</p> <p>At the time of the audit, the proposed settlement date had not been confirmed. The prospective provider has a transition plan in place which plans for a seamless transition.</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>PA Low</p>	<p>Kaiapoi Lodge is implementing a quality and risk management programme that includes performance monitoring through internal audits and the collection of clinical indicator data. Policies and procedures are up to date. Internal audits are conducted according to the schedule, and any corrective actions identified are used to enhance service delivery. Resolved issues are signed off and discussed at staff meetings. Quality data on infections, restraint use (if any), incidents, and wounds is collected, analysed, and reviewed at staff meetings. Monthly data is compared to previous months and plans are developed to respond to any areas of concern. A resident and family/whānau satisfaction survey was conducted in 2024; however, the survey data has not been analysed and collated.</p> <p>Policies and procedures are maintained online and there is an electronic process to demonstrate staff have accessed these online. Staff undergo training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, which builds their knowledge and awareness of the importance of addressing accessibility barriers. This training, health literature resources, and cultural connections ensure that all staff are well-equipped to deliver high-</p>

		<p>quality healthcare for Māori. The complaint processes are equitable, and any complaints are promptly resolved in collaboration with the family/whānau, ensuring that all voices are heard and respected. Adverse events are documented in the resident management system.</p> <p>Twelve adverse event forms were reviewed and indicated the forms are completed in full and signed off by the clinical manager and facility manager. Incident and accident data is collated monthly and reported in the monthly staff meetings. The minutes of these meetings are sent to the directors each month. Health and safety meetings are held six monthly and quality assurance committee meetings occur four monthly. Hazards are documented and addressed at these meeting. Staff have received education related to hazard management and health and safety at orientation and annually through the training programme. The hazard and risk register was last reviewed in October 2024.</p> <p>Discussions with the facility manager and clinical manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no section 31 notifications required to be sent to HealthCERT since the last audit. Severity Assessment Code (SAC) requirements to the Health Quality and Safety Commission have been completed as required. There have been no outbreaks reported since the previous audit.</p> <p>The prospective provider stated that they will continue to use the current quality management system as they use this system in the aged care facility that they currently own.</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. 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. As service providers: We ensure our day-to-day operation is</p>	<p>FA</p>	<p>There are policies and procedures that describe safe staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. The facility manager and clinical manager both work fulltime from Monday to Friday and are supported by a team of RNs and care staff. In the temporary absence of the facility manager, the clinical manager will perform the facility manager's role. The clinical manager is on call 24/7 for any</p>

<p>managed to deliver effective person-centred and whānau-centred services.</p>		<p>clinical matters and is supported by the facility manager. The facility manager is on call 24/7 for any operational related issues. The level four HCAs work as team leaders in the rest home wing and have received additional training and competencies to support their clinical decision making, with the support of the facility manager and clinical manager. Staff interviewed reported adequate staffing and support from the clinical manager and RNs. Residents and family/whānau interviewed did not raise staffing issues and confirmed staff are attentive to resident's needs.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 37 HCAs with 22 having achieved either a level three or four NZQA qualification. The annual education and training schedule is in place, this has been fully implemented to date for 2025 and covers all mandatory training, as well as a range of topics related to caring for the older people. Staff knowledge was checked through quizzes and competency assessments. All staff are required to complete competency assessments as part of their orientation and annually as part of the education plan. Staff who administer medications, complete an annual medicine competency and a record of completion is maintained.</p> <p>Staff training records showed staff have completed training related to Māori health outcomes, disparities, and health equity. Staff interviewed were knowledgeable around these subjects and confirmed their cultural training is ongoing, with staff having access to online modules. There are nine RNs (including the facility manager and clinical manager) in total, eight are trained and competent in completing interRAI assessments. Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities. Staff interviewed reported a positive work environment and that an employee assistance programme is available to them, when required.</p> <p>The prospective provider will adjust any staff mix and levels accordingly if required; however, they have no planned changes to the current staffing mixes/levels or training programme.</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>PA Low</p>	<p>Human resource policies are in place, including recruitment, selection, orientation, and staff training and development. Nine staff files including one clinical manager, one RN, five HCAs, one activities coordinator and one cook were selected for review, which evidenced recruitment processes are being implemented and includes reference checking, qualifications, employment contract, and job descriptions. A register of practising certificates is maintained for all health professionals. Staff interviewed were knowledgeable around their individual job descriptions, responsibilities, and accountabilities. The service has role-specific orientation programmes in place to provide new staff with relevant information for safe work practice. Competencies are completed at orientation and then as part of the ongoing education plan.</p> <p>Kaiapoi Lodge demonstrated that the orientation programme supports RNs, HCAs, kitchen, cleaning and laundry staff to provide a culturally safe environment to Māori. Staff are scheduled to have annual performance appraisals completed; however, not all staff who have been employed for a year or more have a current performance appraisal on file. The facility manager reported that debrief and discussion occur following any adverse events/ incidents. All staff files were kept secure and confidential. Staff ethnicity data is collected and recorded. Staff interviews indicate staff feel supported in their roles and were positive regarding communication and teamwork. Staff feel comfortable discussing any issues with the facility manager.</p> <p>The prospective provider interviewed confirmed that there will be no changes to staffing mixes/levels or any key personnel.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is</p>	<p>FA</p>	<p>Resident records, including the medication management system are stored electronically. The staff files are maintained in folders stored securely in the facility managers office. The resident management system and medication management system are secure and require user identification and passwords to access. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely.</p>

<p>accurate, sufficient, secure, accessible, and confidential.</p>		<p>Signatures that are documented include the name and designation of the service provider. Any paper based resident documents are archived files, securely stored in a locked cupboard and easily retrievable when required. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Policies are in place to guide management around admission and declining processes, including the required documentation. Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) team to determine the required level of care. The facility manager screens prospective residents. The facility manager reported they had not declined entry for any prospective residents. If entry were to be declined, there would be close liaison between the service and the referral team. The prospective resident would be referred back to the referrer and data would be collected regarding the reason for declining.</p> <p>The facility manager described reasons for declining entry would only occur if the service could not provide the required service the prospective resident required, after considering staffing and the needs of the resident. The other reason would be if there were no beds available. A record of residents who enter and are declined is maintained. The facility manager advised that the facility collects ethnicity data for admitted and declined residents. The service has an information pack relating to the services provided at Kaiapoi Lodge, which is available for family/whānau prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements.</p> <p>Exclusions from the service are included in the admission agreement. The facility provides a person and whānau-centred approach to services based on the five pillars of wellbeing. Interviews with residents and family/whānau all confirmed they</p>

		<p>received comprehensive and appropriate information and communication, both at entry and on an ongoing basis. The organisation has links with local iwi and staff are trained in cultural safety, tikanga and consulting whānau in any decision making. Strategies to reduce barriers for Māori entering the service include promotion of the use of te reo Māori in activities and in signage throughout the facility. There were residents who identified as Māori. Staff are available to residents and whānau to provide supports as required.</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 Moderate</p>	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Seven resident files were reviewed: four hospital and three rest home residents (including one resident on a YPD contract). The initial nursing assessments and initial care plans sampled were developed within 24 hours of an admission in consultation with the residents, EPOA and family/whānau where appropriate, with resident's consent. The social history questionnaire used include consideration of residents' lived experiences, cultural needs, values, and beliefs.</p> <p>A range of clinical assessments, referral information, observation and the preadmission assessments served as a basis for care planning. Long-term care plans had been completed for all long-term residents (including residents not on the aged-related residential care contract) within 21 days of admission. InterRAI assessments and reassessments have been completed within expected timeframes. Long term care plans are developed by the RNs with input from residents, family/whānau, HCAs, and activities staff. The long-term care plans are holistic, covering physical needs, assistance required with activities of daily living, psychosocial and cultural needs and aspirations and interventions to address assessed needs and medical conditions. The service implements the principles of Te Ara Whakapiri for their residents on end of life care.</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</p>

	<p>progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Multidisciplinary reviews occur six-monthly. This includes input from the RN, HCAs, residents and family/whānau, activities staff and physiotherapist. Evaluations are documented by an RN 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>A Māori health care plan (called Māori and Pasifika Health Plan) is available and used for those residents identifying as Māori. At the time of the audit there were residents who identified as Māori. The RNs interviewed described removing barriers, ensuring all residents have access to information and services required to promote independence. Further to this the RNs described working alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes. Staff interviewed demonstrated their knowledge of tikanga and cultural safety. Care plans addressed cultural preferences. Staff have access to Māori and Pasifika advisors, if cultural support is needed. Residents confirmed they can practice their culture as desired.</p> <p>The initial medical assessment is undertaken by the GP within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. The contracted GP service visits routinely at least once a week and provides remote out of hours cover. After Hours emergency and ambulance services provide on-site support services when required. Medical documentation and records reviewed were current. The GP (interviewed) described how the facility operates at a high standard, with clear communication and experienced registered staff. A physiotherapist visits the facility on request to review residents referred by the RNs. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, and medical specialists are available as required through Health New Zealand. Palliative care support and wound nurse specialists are available through the Nurse</p>
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	<p>Maude service.</p> <p>An adequate supply of wound care products was available at the facility as sighted. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. At the time of the audit there were 13 active wounds, including one non-facility acquired unstageable pressure injury (almost healed) which was reviewed at the last audit, lesions, chronic ulcers and skin tears.</p> <p>Electronic progress notes are written every shift and as necessary by HCAs; however, not all hospital level care resident files evidence RN oversight as required. The RNs add to the progress notes if there are any incidents or changes in health status. Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Monthly observations such as weight and blood pressure were completed and are up to date.</p> <p>Incident reports sighted included appropriate RN follow up and investigation. The facility manager completes a post fall review daily and a monthly collation and analysis of all falls that occur with residents, and short-term care plans are commenced as required; however, not all unwitnessed falls evidenced neurological observations were commenced as per policy. Fall incidents, analysis, corrective actions, and outcomes are discussed in the RN and staff meetings. Residents are referred to the GP for review after all falls. There is physiotherapy input evident for residents with multiple falls.</p> <p>A range of monitoring charts are available for the care staff to utilise. These include, (but are not limited to) monthly blood pressure and weight monitoring, bowel records, behaviour monitoring and repositioning records. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Adequate resources were sighted during the audit. Staff receive handover at the beginning of their shift.</p>
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		<p>Residents interviewed reported their needs and expectations were being met and family/whānau members confirmed the same. When a resident's condition changes, the staff alert the RNs who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health, including infections, adverse events, GP visits, medication changes and any changes to health status and this was consistently documented on the record.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The service employs an activities coordinator who provides a wide range of activities between Monday and Friday. A part time activities assistant provides activities Tuesdays and Thursdays. Activities assessments are completed within 21 days of admission using a social and activities profile. The cultural, social, spiritual and diversional therapy section of the long-term care plan is completed within three weeks of admission and reviewed at least six monthly at the same time the long-term care plan is reviewed. Monthly progress notes and activity attendance records are maintained. The resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. Staff have access to Māori and Pasifika advisors if a cultural support is needed. All members of the activities team have current first aid certificates. There are a range of activities appropriate to the resident's cognitive and physical capabilities.</p> <p>Activities include physical, cognitive, creative, and social activities. The fortnightly activities calendar includes celebratory themes, events, and a wide range of activities that includes (but not limited to): art and craft; bowls; housie; shopping; church services; and musical activities. The service facilitates opportunities for Māori to participate in te ao Māori through the use of te reo Māori in everyday conversations, dual language signage, movies, arts, and crafts (poi making), kapa haka from local school children, quizzes, and Māori celebratory events. The service encourages staff to support community initiatives as and when they eventuate, including those that meet the health needs and aspirations of Māori and whānau. This was evident in connections with local Baptist, Anglican, Catholic and Pentecostal churches and schools. Residents who choose not</p>

		<p>to participate regularly in group activities are visited one-on-one.</p> <p>Community visitors include entertainers, pastoral care, church services visits, school/ preschool children and pet therapy. The service has a van available for fortnightly outings. Themed days such as Matariki, Waitangi, and ANZAC Day are on the programme and celebrated with appropriate resources available. Residents are encouraged to use the community swimming facilities situated directly opposite the facility. There are four to six weekly resident meetings in each area. Family/whānau are invited to attend these. Family/whānau interviewed confirmed they find the meetings helpful for finding out what is happening in the facility and have an opportunity to provide feedback if necessary. Residents can provide an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</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>Medication management is safe and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. RNs complete syringe driver training. Staff were observed to be safely administering medications. Registered nurses and HCAs interviewed could describe their role regarding medication administration. Kaiapoi Lodge uses blister packs for medication for regular use and packages 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. Medications are stored securely in the two medication rooms. Medication trolleys are locked when not in use.</p> <p>The medication fridge and medication room temperatures are monitored daily. All temperature records reviewed showed that the temperatures are within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the GP and charted on the medication chart. The six-monthly controlled</p>

		<p>drug physical check and reconciliation has been completed as per required timeframes. Fourteen electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly, and each chart has a photo identification and allergy status identified. There were no residents self-administering their medications on the days of audit. The facility follows documented policies and procedures should a resident wish to administer their medications.</p> <p>PRN medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication competent HCAs or RNs sign when the medication has been administered. There are no standing orders used. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects, this is documented in the progress notes. The RNs described the process to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>PA Low</p>	<p>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring 12 February 2026. Dry ingredients were decanted into containers for ease of access with the dispensing date and/or expiry date visible. The service employs two cooks and kitchen hands in the morning and afternoon. All kitchen staff have completed safe food handling training. There is a food services manual available in the kitchen. The kitchen meets the needs of residents who require special diets. The winter menu in current use was last approved by a registered dietitian in July 2022; however, contact has been initiated with a new dietitian (as evidenced in email correspondence). The menu is available on a notice board outside the dining room, provides variety and allows a choice of meals; likes and dislikes are catered for.</p> <p>The cook receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy</p>

		<p>free, pureed foods) or residents with weight loss. Dietary profiles evidence regular review. The cook (interviewed) is aware of resident likes, dislikes, and special dietary requirements and resident profiles had been reviewed and updated as required. Residents have access to nutritious snacks at any time of the day or night. On the day of audit, meals were observed to be well presented. The cook stated they are able to implement menu options for Māori residents and consult with residents on the food and their choices. The cook interviewed understood tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. Tapu and noa and their relevance to kitchen services were included in kitchen staff orientation and ongoing education.</p> <p>The service uses a paper-based system to evidence monitoring of temperatures is completed. Daily records include fridge and freezer temperatures recordings in kitchen and kitchenette areas. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are not consistently maintained as scheduled. Meals are directly served from bain-maries to residents in the dining rooms or transported on trays (with covers) to their rooms. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required. Food services staff have all completed food safety and hygiene courses. The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition,</p>	<p>FA</p>	<p>Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a higher level of care. Discharge and transfer are planned processes that are communicated with residents and their family/whānau. Residents and family/whānau are advised of options to access other health and disability services, social support or kaupapa Māori agencies if indicated or requested. When residents are transferred to</p>

<p>transfer, and discharge. 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>the public hospital, their family/whānau is informed. The GP makes the referral to hospital. Relevant documentation is sent with the resident, including a printout of their current medications, care needs and a copy of EPOA documents.</p> <p>Where residents wish to be or need to be seen by another health service, referral is made. Examples of this were sighted in resident files, including referrals to the wound nurse specialist at Nurse Maude. Registered nurses complete a Nurse Maude referral and send this with a photograph of the wound. The nurse specialist decides if they needed to consult with the resident in person or send instructions for the management of the wound, if it is considered non-complex. Residents attending external appointments are encouraged to be accompanied by their family, particularly those with memory loss. Any risks are communicated to the external health provider by the RN and documented in the file.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness which expires on 20 June 2026. A maintenance person (interviewed) works approximately 20 hours a week depending on requirements. The facility manager oversees the maintenance programme and is responsible for preventative maintenance. Contracted gardeners are responsible for maintaining the gardens. The maintenance person addresses day to day repairs and completes planned maintenance. There is a maintenance request book for repairs and maintenance requests in each nurse's station. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging, medical equipment checks, call bell checks and monthly testing of hot water temperatures. Medical equipment checks and calibration of clinical equipment was checked in September 2024 and June 2025 respectively. Testing and tagging of electrical equipment was completed in September 2024. Hot water temperatures are monitored and managed below 45 degrees Celsius. Corrective actions are completed for any temperatures above the required threshold. Essential contractors/ tradespeople are available 24 hours a day as required.</p>

	<p>The Cass Street wing (rest home) and Davie Street wing (hospital) are in the same building joined through a corridor. There is also a separate building which consists of four rooms with full ensuites (certified for rest home level of care). There is a footpath between the two buildings. Twenty-one resident rooms in the rest home wing have full ensuites and other eight rooms have toilet and hand basin ensuites. The twenty resident rooms in the hospital wing have full ensuites. Residents and family/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit. There are communal toilets in each unit situated close to communal lounges. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There are adequate numbers of toilets and showers for residents and separate facilities for staff and visitors. Vacant/in-use signage is on the communal and visitor toilets. All ensuite and communal toilets have paper towels and flowing soap available. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. Toilet door labels are written in both English and te reo Māori.</p> <p>There are adequate storage areas for the hoist, wheelchairs, products and other equipment. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level. All residents interviewed confirmed their privacy was maintained while attending to personal hygiene cares. There are spacious lounges in each of the Cass Street and Davie Street wings. A whānau room is located in the Davie Street wing. All bedrooms and communal areas have ample natural light and ventilation. There are heat pumps in all communal areas. Resident rooms in the hospital wing are heated with underfloor heating which can be individually adjusted. Residents interviewed stated that the environment was warm and comfortable. Furniture is arranged in the lounges to create a homely and welcoming environment. Group activities occur in the main lounge and residents interviewed stated they were able to use alternative communal areas if they did not wish to participate. There are additional small lounges in each wing. The external courtyards and gardens have seating and shade. There is safe access to the outdoors. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>The prospective provider has no plans to change the building and is</p>
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		aware of their obligations to consult with Māori should this be considered in the future.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	PA Low	<p>Emergency management policies including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand, dated 27 July 2018. Fire evacuation drills are held six-monthly and was last completed on 4 March 2025. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified cupboards in the rest home and hospital wings and are checked monthly (sighted). In the event of a power outage, there is back-up power available and gas cooking (five portable gas burners). There is no generator on site however the service has an agreement in place with a local contractor to provide one if needed. There is an adequate emergency food supply available for each resident for minimum of seven days.</p> <p>In the event of a civil defence emergency, there are adequate supplies including water supplies (water tank, 800 litres) to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times in the facility; however, the maintenance man transports residents to appointments and does not have a first aid certificate. There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors and panels in hallways to alert them of who requires assistance. Call bells are tested monthly and the last call bell audit showed full compliance as a part of maintenance audit. The residents were observed to have their call bells in close proximity. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. The service utilises CCTV security cameras,</p>

		which are located at the main entrance, car park, and hallways in the rest home wing. Night staff complete regular security and safety checks overnight.
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention and control programme and antimicrobial stewardship programmes are appropriate to the size and complexity of the service, is approved by the directors and is linked to the quality improvement system. Directors receive information related to infection prevention and control data, including the annual review of the programme. This was confirmed in an interview with the facility manager. The facility manager is the infection prevention and control coordinator and oversees infection control and prevention programme and work closely with owner/director.</p> <p>Infection rates are presented and discussed at quality and staff meetings. Documented evidence showed infections were reviewed with GPs. The service has access to an infection prevention and control clinical nurse specialist from Health New Zealand. Residents and staff are offered influenza and Covid-19 vaccinations. Visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility.</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>	FA	<p>The infection prevention and control programme and antimicrobial stewardship programmes is linked to the quality improvement system and reported on annually. The facility manager is the infection prevention and control coordinator. The infection prevention and control coordinator has completed external training around infection prevention and control and antimicrobial stewardship and has appropriate skills, knowledge, and qualifications for the role. There is a signed position description for the infection prevention and control role. The infection prevention and control policies have been developed by an external expert and are reviewed annually. The procedures and policies reflect the requirements of the standard and are based on current accepted good practice. The infection prevention and control coordinator has input into clinical policies that</p>

		<p>may impact on hospital acquired infection (HAI) risks.</p> <p>Staff became familiar with policies through training provided during orientation and ongoing education sessions, consistently demonstrating adherence to these policies. Residents and their family/whānau receive infection prevention and control education tailored to their needs, particularly rest home level care residents who independently undertake community visits and are informed about respiratory illnesses. Single use medical devices were not reused and were safely and correctly disposed of. Reusable items were cleaned and sterilised using equipment which is used in line with manufacturers' guidelines, and which was audited to ensure its safe working state and regular decontamination.</p> <p>There is a pandemic plan. An outbreak response plan is documented and has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available at the facility, and staff have been trained accordingly. The service provides te reo Māori information around infection prevention and control for Māori residents. The policy and procedures provide guidance around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. The staff interviewed described implementing culturally safe practices in relation to infection prevention and control. The facility manager understands the process of involvement should there be plans for development and ongoing refurbishments of the building. The infection prevention and control coordinator procure all equipment and consumables.</p> <p>The prospective provider plans to maintain the established infection control and antimicrobial stewardship programme linked to the electronic quality system.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p>	<p>FA</p>	<p>Kaiapoi Lodge has an antimicrobial use policy and procedure suitable for the size, scope, and complexity of the resident cohort. The facility manager, clinical manager, RNs and GPs monitor compliance with antibiotic and antimicrobial use by evaluating medication prescribing charts, prescriptions, and medical notes, adhering to recognised New Zealand Antimicrobial Stewardship</p>

<p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>Guidelines. Infection rates are monitored monthly and presented at meetings. Two hospital level residents are on prophylactic antibiotics; the GP has reviewed these and deems it appropriate. No other residents use prophylactic antibiotics and these are actively discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of infections is appropriate for the size and complexity of the service. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data includes ethnicity, and is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at all relevant meetings. The facility manager oversees the infection surveillance programme. Infection prevention and control data is shared with the facility's staff, and any recommendations from the GP and external consultants are followed up.</p> <p>Infection prevention and control data, along with any relevant issues, are communicated to residents and family/whānau as needed. There have been no outbreaks since the previous audit in December in 2024. Kaiapoi Lodge staff are aware of the documented outbreak management plan and on interview management were aware of their responsibility to notify the local public health authority. Clear communication pathways, including updates to residents, family/whānau and staff, are established. There was sufficient PPE stored, and extensive debriefing and training sessions were conducted following the previous outbreaks.</p> <p>The prospective purchaser is knowledgeable around surveillance monitoring requirements and plans to maintain the current quality systems.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a</p>	<p>FA</p>	<p>There are policies and processes for the management of waste and infectious and hazardous substances and interview with staff</p>

<p>hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>confirmed that policies and procedures are implemented. Laundry and cleaning processes are monitored for effectiveness via the internal audit system and ongoing observations by the management. Staff involved in laundry and cleaning services have completed relevant training. Chemicals were stored securely, and closed chemical dispensing system is used. Material safety and data sheets are available. Housekeeping services are rostered Monday to Friday and HCAs complete basic tasks in the weekends. On the days of the audit housekeepers were observed around the facility.</p> <p>All laundry is completed on site. Linen cupboards had sufficient linen and towels. The laundry has a dirty to clean flow. There is sluicing facility with appropriate PPE. There are dedicated laundry staff who manage all personal and facility laundry services. Healthcare assistants stated that they received training on operating the washing machines and knew how to manage personal laundry. Staff were aware of prevention of cross contamination and use of PPE. Both residents and their family/whānau reported no issues with the laundry and cleaning services, noting that the facility is very clean. Any concerns raised in the residents meetings are promptly followed up, and actions are taken to address them. The infection prevention and control coordinator would provide support to maintain a safe environment during any construction, renovation and maintenance activities.</p> <p>The prospective provider will continue to implement a surveillance programme and is aware of reporting requirements.</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 practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint policy and business plan confirm that Kaiapoi Lodge is committed to maintaining a restraint-free environment. Strategies implemented include working in partnership with family/whānau to ensure the service maintains the dignity of the resident, while using the least restrictive practice. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. The directors are committed to providing services to residents without the use of restraint. The restraint coordinator is the facility manager. The facility manager described the organisation's commitment to restraint</p>

		<p>minimisation and implementation across the service. The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff.</p> <p>At the time of the audit there were no restraints in use at Kaiapoi Lodge. The use of restraint is discussed in the monthly quality and three-monthly RN meetings. Restraint minimisation training is included as part of the annual mandatory training plan and induction booklet. Kaiapoi Lodge completes audits related to restraints (last completed) in August 2024. There is a documented restraint policy that stated that in the event that all other alternatives have been unsuccessfully trialed, restraint may be used as a last resort to ensure the physical safety of an individual resident. The guidelines provide for restraint minimisation and elimination include assessment, authorisation and monitoring of the type of restraint.</p> <p>The prospective provider is familiar with the requirements of and their responsibilities, in respect of restraint minimisation and safe practice.</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)
Criterion 2.2.3 Service providers shall evaluate progress against quality outcomes.	PA Low	Ensure that the annual resident and family/whānau satisfaction survey is analysed for any corrective actions required to be completed.	The resident and family/whānau satisfaction survey has not been analysed and therefore no corrective actions have been implemented or completed.	Ensure that the annual resident and family/whānau satisfaction survey is analysed for any corrective actions required to be completed. 90 days
Criterion 2.4.5 Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.	PA Low	Staff are scheduled to have annual performance appraisals completed; however, not all staff who have been employed for a year or more have a current performance appraisal on file.	Four of six staff who required an annual performance appraisal did not have evidence of a current performance appraisal completed.	Ensure that staff performance appraisals are completed annually as scheduled.

				90 days
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	PA Moderate	<p>The service has policies related to assessment, support planning and care evaluation. A range of monitoring charts are available for the care staff to utilise. Monthly observations such as weight and blood pressure were completed and are up to date. Progress notes were documented each shift by healthcare assistants; however, hospital residents did not evidence daily RN review as per policy. Policies related to monitoring requirements for neurological observations identify responsibilities for documentation and monitoring; however, this was not consistently evidenced.</p>	<p>i). Neurological observations have not been evidenced as completed for all unwitnessed falls as per policy.</p> <p>ii). Progress notes for hospital level residents do not consistently evidence regular RN review.</p>	<p>i). Ensure neurological observations are completed for all unwitnessed falls as per policy.</p> <p>ii). Ensure RN reviews are documented as per policy for hospital level residents.</p> <p>60 days</p>
<p>Criterion 3.5.4</p> <p>The nutritional value of menus shall be reviewed by appropriately qualified personnel such as dietitians.</p>	PA Low	<p>The service is aware of the need to complete two yearly menu reviews and have made contact by email with a registered dietitian to complete this as soon as possible. Email responses acknowledge a review will be undertaken soon.</p>	<p>The menu has not been reviewed by a registered dietitian for three years.</p>	<p>Ensure menus are reviewed by a registered dietitian biannually.</p> <p>60 days</p>
<p>Criterion 3.5.6</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal</p>	PA Low	<p>Staff have been trained in food safety and food production; storage and delivery temperature checks are completed as scheduled. A cleaning schedule is documented; however, does not evidence</p>	<p>Cleaning schedules in the kitchen are not consistently maintained as per schedule.</p>	<p>Ensure cleaning schedules are completed as scheduled.</p>

shall comply with current legislation and guidelines.		consistent completion with gaps of three to four days evident every week		90 days
<p>Criterion 4.2.4</p> <p>Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.</p>	PA Low	The maintenance person does not have a current first aid certificate.	The maintenance person does not have a current first aid certificate.	<p>Ensure that the maintenance person has a current first aid certificate.</p> <p>90 days</p>

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.