

Nicolson Rest Home Limited - Irwell Rest Home

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity: Nicolson Rest Home Limited

Premises audited: Irwell Rest Home

Services audited: Residential disability services - Intellectual; Rest home care (excluding dementia care)

Dates of audit: Start date: 13 May 2025 End date: 14 May 2025

Proposed changes to current services (if any): The service has requested Residential Disability -Intellectual services to be removed from the certificate.

Total beds occupied across all premises included in the audit on the first day of the audit: 40

Executive summary of the audit

Introduction

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

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

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

Key to the indicators

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

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

General overview of the audit

Irwell Rest Home is privately owned and operated. The service provides care for up to 60 residents at rest home level care. At the time of the audit, there were 40 residents.

This certification audit was conducted against the Nga Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand – Te Whatu Ora. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family, management, staff, and a general practitioner.

The owner/directors (husband/wife) have owned the facility for 25 years. The business is managed by one of the owner/directors (husband). The manager is supported by an experienced non-clinical care coordinator (who lives on site), a quality improvement officer, and full-time registered nurses. The owner/directors are responsible for the operational and financial aspect of the business.

The service wishes to remove Residential Disability -Intellectual services from the certificate.

This certification audit identified shortfalls related to: admission agreements; implementation of the quality programme; registered nurse availability; staff training; human resource processes; analysis of entry and declined entry to services; resident assessment and evaluation of care; care plan documentation; care interventions; activities; medication management; availability of equipment; maintenance; fire drills and egress; and infection control follow up and training.

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.		Some subsections applicable to this service partially attained and of low risk.
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Irwell Rest Home has policies and procedures that support resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents, their representatives, and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed.

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

Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The business plan includes a mission statement and operational objectives. The service has a quality and risk management system in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. A role specific orientation programme is documented. An annual training plan is documented. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The registered nurse and management team are responsible for managing the entry process to the service. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care.

The planned activity programme provides residents with a variety of individual and group activities. There are adequate resources to undertake activities at the service.

Medication policies are available and accessible. Registered nurses and medication competent healthcare assistants are responsible for administration of medicines. They complete annual education and medication competencies. The medicine charts reviewed are reviewed at least three-monthly by the general practitioner.

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

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		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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The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All rooms have individual ensuites. 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. 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.

Security checks are performed by staff. Security lights are installed externally throughout the facility, and doors are locked at night by staff.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Some subsections applicable to this service partially attained and of low risk.
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Infection prevention management systems are documented to minimise the risk of infection to consumers, service providers and visitors. The documented infection control programme meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Pandemic response plans are in place and the service has access to personal protective equipment supplies. There has been one outbreak reported since the previous audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place, and incidents are reported in a timely manner. Fixtures, fittings, and flooring are appropriate, and toilet/shower facilities are constructed for ease of cleaning. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

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.

There is governance commitment to maintain a restraint-free environment. Restraint minimisation and safe practice policies and procedures are in place. Restraint elimination strategies are overseen by the restraint coordinator, who is the registered nurse. The facility has no residents using restraint. Use of restraints is considered as a last resort, only after all other options were explored. Education for restraint and de-escalation is included in the education planner.

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	15	0	7	5	0	0
Criteria	0	147	0	13	8	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>Irwell Rest Home policies are aligned with the context of Treaty of Waitangi to reduce inequities and enabling Māori residents to flourish and lead their aspirations in health. A Māori Health Plan is documented for the service. At the time of the audit there were no residents who identify as Māori. Irwell Rest Home ensures that the Māori Health Strategy (He Korowai Oranga) and Te Whare Tapa Wha Māori model of health and wellbeing are woven into all aspects of service delivery. Staff have access to relevant tikanga guidelines.</p> <p>Residents are encouraged to continue with their cultural and religious beliefs, and care planning includes the four dimensions of Māori Health; recognised as a holistic approach to health care – Te Taha Wairua (spiritual health), Te Taha Tinana (physical health), Te Taha Whanau (family health) and Te Ao Tutahi (mental health).</p> <p>The service supports increasing Māori capacity by employing suitable Māori candidates when they apply for vacant positions. At the time of the audit there were no Māori staff members. Staff members (one RN, five healthcare assistants (including one registered nurse support, and one care coordinator), one cook, one activity staff member and one laundry person) interviewed stated that they are supported with cultural resources and staff are</p>

		<p>encouraged to use both te reo Māori and relevant tikanga in their work with the residents, as detailed in the Māori Health Plan and tikanga guidelines.</p> <p>The service has signage throughout in te reo Māori and the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in Māori.</p> <p>Two managers (one quality improvement officer and one administrator) and two owner/directors report there are linkages with Māori health provides through Health New Zealand, and when there are residents and family/whānau who identify as Māori in the service, they are encouraged to maintain own connections in the community.</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>Irwell Rest Home recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a Pacific health plan documented, with policy based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025, and the Fonofale model.</p> <p>On the day of audit there were no Pacific residents living at Irwell Rest Home. There are processes in place to ensure that ethnicity information and Pacific people's cultural beliefs and practices are identified during the admission process and entered into the residents' files. Family/whānau are encouraged to be present during the admission process and the service welcomes input from the resident and family/whānau when developing the initial care plan. Individual cultural beliefs are documented in the activities profile; activities plan and care plan.</p> <p>The service recruit new staff when vacancies occur. The quality improvement officer and the facility manager/owner confirmed the service would encourage and support any potential staff member that identifies as Pasifika beginning at the employment process. At the time of the audit there were staff who identified as Pasifika. Staff interviewed confirmed in interview that all cultures are respected.</p>

		<p>Interviews with staff members, management, one family/whanau member and five residents identified that the service acknowledges and accommodates cultural preferences and individualised needs. The service consults with the Pacific Health Unit at Health New Zealand and have connections through Pacific staff to access community links and continue to provide equitable employment opportunities for the Pacific community.</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 in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family. The manager/ owner discusses aspects of the Code with residents and their family/whānau on admission. All residents and one family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau.</p> <p>Advocacy services are linked to the complaints process. Staff could describe how and when to access the Advocacy service if required and provided examples of adhering to the Code of Rights.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management, and staff.</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</p>	<p>FA</p>	<p>Staff members interviewed described how they support residents in their choices. A family/whānau member interviewed stated their loved ones had choice and examples were provided. Residents interviewed all stated they are treated with respect and kindness. It was observed that residents are treated with dignity and respect. This was also confirmed during interviews with the family/whānau</p>

<p>a way that is inclusive and respects their identity and their experiences.</p>		<p>member.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. Staff were observed to use person-centred and respectful language with residents. Residents and a family/whānau member interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Māori cultural days are celebrated and include Matariki and Māori language week.</p> <p>The staff described applying the principles of Te Tiriti o Waitangi, tikanga Māori and could describe ways barriers to care are addressed. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice including supporting them with te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Staff and management interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during orientation around abuse and neglect and this is included in the education planner. Residents and the family/whānau member interviewed confirmed that staff are very caring, supportive, and respectful; however, one complaint documented an alleged abuse for which there was no documented follow up (link 2.2.4).</p> <p>Police checks are completed as part of the employment process.</p>

		<p>The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information regarding the services offered is provided to residents and family/whānau on admission. Resident/whānau meetings identify feedback and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau /next of kin of any accident/incident that occurs. All correspondence is documented in each resident's file, which includes notification of changes and adverse events. Ten accident/incident forms reviewed identified family/whānau /next of kin are kept informed, and this was confirmed through the interviews with the family/whānau member.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit all the residents could speak and understand English. Staff and management interviewed could describe how they would assist residents that do not speak English with interpreters and resources to communicate as needed.</p> <p>Non-subsidised resident's family/whānau are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. They are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services (eg, physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice nurse, and dietitian). The registered nurse and quality improvement officer gave examples of open communication with family/whānau, including the</p>

		time and support around discussions and decision making.
<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>	PA Low	<p>Policies are in place regarding informed consent. Seven resident files reviewed included informed consent forms signed by either the resident or enduring powers of attorney/welfare guardians. Consent forms for Covid-19 and influenza vaccinations were also on file where appropriate. Residents and the family/whānau member interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy documented and is understood by the RN.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans in place. 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 the family/whānau member confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had not always been signed in all the resident files reviewed. Copies of enduring power of attorneys (EPOAs) or welfare guardianship 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 am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided on entry to the service. The service maintains a record of all complaints, both verbal and written on a complaint register. There have been five complaints received year to date since the previous audit, including one from Health New Zealand. The management team could evidence the complaint documentation process including acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in the quality meetings. Complaints are a standard agenda item in all quality meetings</p>

		<p>(meeting minutes sighted); however, a critical analysis of complaints and review of trends was not evidenced (link 2.2.4).</p> <p>Discussions with residents and the family/whānau member confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern, including resident/whānau meetings. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. On interview, residents and the family/whānau member stated they felt comfortable to raise issues of concern with management at any time.</p> <p>The complaints process is equitable for Māori. Complaints related documentation is available in te reo Māori, and the management team are aware of the preference of face-to-face interactions and whānau involvement for some Māori.</p> <p>A complaint via Health New Zealand received September 2024 and resolved February 2025. The complaint was in relation to care and support. This audit identified that there continues to be issues related to care and support documentations and delivery.</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>Irwell Rest Home is privately owned and operated. The service provides care for up to 60 residents at rest home level care. There are no double or shared rooms.</p> <p>At the time of the audit, there were 40 residents including three residents on a younger person with a disability (YPD) contract, one resident funded through a short-term Accident Compensation Corporation (ACC) contract and two residents on respite funded by Health New Zealand. All other residents were under the age-related residential care (ARRC) contract. One resident had been assessed at hospital level care; at the time of audit, this resident was waiting for a suitable bed with an anticipated wait time of two weeks. There is a notification for one hospital level resident in a rest home service area (NOHRRRA) dated 8th May 2025.</p>

		<p>The owners wish to remove Residential Disabilities -Intellectual from their certificate. They currently provide care for three residents who are on this contract.</p> <p>The owner/directors (husband/wife) have owned the facility for over 25 years and are aware of legislative and contractual requirements. One of the owner/directors (husband) manages the business daily. The facility manager/owner is supported by a care coordinator (senior healthcare assistant), who currently lives on site, a quality improvement officer (not clinical), a full-time RN, and a RN support person (an overseas registered nurse currently undertaking getting New Zealand registration). The RN is responsible for clinical governance. The owners are involved in all aspects of the service, including the quality and risk programme.</p> <p>The 2024/2025 business plan and quality includes increasing communication with family/whānau; staff training; the reduction of medication errors; health and safety; and an overall risk management plan. The owner/manager explained their commitment to Te Tiriti o Waitangi obligations. The obligation to proactively help address barriers for Māori and to provide equitable health care services is documented in the business plan. The review of service goals for 2024 are documented as being achieved. The management team collaborates with mana whenua through Health New Zealand Māori Health Unit in business planning and service development to improve outcomes and achieve equity for all residents and to identify and address barriers to accessing care and services for all residents. Both owners/ directors have completed cultural training. The manager reported that information collated through satisfaction surveys and outcomes of resident meetings, as well as resident and family/whānau consultations, are considered when developing business plans to ensure the voice of all residents is heard to assist in reducing barriers and providing equitable service delivery. The owners have completed more than eight hours of professional development in the last 12 months related to managing a rest home and looking after the older person.</p>
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<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 Moderate</p>	<p>Irwell Rest Home has documented quality and risk management programmes. These systems include performance monitoring through internal audits, the collection, collation, and internal benchmarking of clinical indicator data; however, the quality and risk system is not evidenced as being fully implemented.</p> <p>Policies and procedures are documented for the service and up to date. A document control system is in place. Policies are regularly reviewed and new policies or changes to policy are communicated to staff.</p> <p>The monthly management/quality meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings, and collation of data were documented as taking place. Staff meetings are scheduled; however, have not been evidenced as consistently held. Individual internal audits and monthly incident and accident, and infection data are collated and reported monthly. A documented review of risks and opportunities is not well documented.</p> <p>The 2025 resident and relative satisfaction survey showed a high level of satisfaction in all areas. Minimal corrective actions were required related to comments documented and all were followed up. Results have been communicated to residents in the newsletter.</p> <p>A health and safety system is in place with identified health and safety goals. Health and safety is part of management/ quality meetings. The health and safety officer (interviewed) has undertaken formal health and safety training. Manufacturer safety data sheets are up to date. Hazard identification forms and an up-to-date hazard register reviewed monthly. Reviews have been completed as scheduled.</p> <p>Health and safety policies are implemented and monitored by the management team. Staff and external contractors are orientated to the health and safety programme. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Wellbeing programmes include offering one to one assistance, family/whānau support.</p>
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		<p>All staff are supported to ensure a high-quality service is provided for Māori. Staff described how they get to know resident's routines and preferences and accommodate these.</p> <p>Incident/accident forms reviewed did not all document immediate action and any follow-up action(s) required. Incident and accident data is collated monthly and analysed; however, not all incidents/accidents as identified through progress notes and wound care plans have an incident form.</p> <p>Discussions with the management team evidenced their awareness of the requirement to notify relevant authorities of serious events through Section 31 notifications or Severity Assessment Codes (SAC) to the Health Quality and Safety Commission; however, not all incidents have been notified as required. Through discussion with the management team, it appears there was a lack of clarity around who should report these. Outbreaks have been appropriately documented and reported since last audit.</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 managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staffing policy and procedure that describes rostering and staffing rationale. This includes documented processes for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day, seven days a week; however, there is no RN clinical leadership for when the RN is on leave. Review of the current rosters showed shifts were covered by experienced healthcare assistants, and a registered nurse who is employed full time, in practice; the RN works off site three of five days a week.</p> <p>The facility manager/owner interviewed confirmed staff needs and shortages are reported to governance as indicated. Interviews with staff confirmed that their workload is manageable, and that management is very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes. The facility manager/owner is available Monday to Friday, and the RN is available by phone when not on site (except when on leave). On-call cover out of hours is provided 24/7 by the facility manager/owner and as required by the</p>

		<p>RN.</p> <p>There is an annual education and training schedule; however, training is provided though requiring staff to read policies and sign to say they have read the policy. The education and training schedule includes cultural awareness training that is provided as part of orientation. All healthcare assistants are required to complete annual competencies for restraint, handwashing, cultural safety, and moving and handling. A record of completion is maintained. Staff also share information and whakapapa experiences to support learning about and address inequities. The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Of the 15 healthcare assistants, all are level three or above.</p> <p>The registered nurse has completed competencies, including restraint, medication management, syringe driver and interRAI assessment competencies and is interRAI trained.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. The service works with Māori organisations that provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Low</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored. Seven staff files reviewed evidence implementation of the recruitment process, employment contracts, and police checking.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during their on-boarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities and any additional functions (eg, restraint coordinator, infection control coordinator); however, not all staff had a job description reflective of their role on file.</p>

		<p>A register of practising certificates is maintained for all health professionals, including (but not limited to) registered nurses, general practitioner, dietitian, pharmacist, physiotherapist, and podiatrist. All staff who had been employed for more than 12 months have an annual appraisal completed; however, the RN appraisal was reflective of a scope of practice document, which was not fully complete and had been undertaken by a non-clinical person.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation and annually. The service demonstrates that the orientation programmes support staff to provide a culturally safe environment to Māori.</p> <p>Volunteers are used (across all services including activities, catering, laundry, cleaning) and an orientation programme and policy for volunteers is in place.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy (kept in locked cabinets when not in use), and electronically. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and are easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information</p>

		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>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>	PA Low	<p>Information about the services, accommodation options and costs are outlined in an information pack. Prior to entry, prospective residents and their family/whānau are invited to meet staff and view the facility. Policies and procedures guide staff in entry criteria and required admission documentation. Residents and family/whānau interviewed confirmed they were given accurate information about the service, and they felt welcome.</p> <p>Prospective residents are required to be assessed by the needs assessment service coordination (NASC) prior to entry. Residents and family/whānau confirmed staff are respectful and communicate well with them.</p> <p>Entry would only be declined if a prospective resident does not meet the level of care provided or there are no empty beds. In this case, they are informed and referred to the NASC. Data is collated on the numbers of declined entries; however, this data does not include ethnicity and evidence of routine analysis to show specific data for Māori.</p> <p>The organisation has links with Māori through Health New Zealand. The management team and staff describe how they would utilise the individual connections and family/whānau input to support Māori residents. Family/whānau are routinely invited to be involved in care planning and decision making.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and</p>	PA Moderate	Resident assessments, care planning, and evaluations are carried out by the registered nurse and/or healthcare assistants (HCAs). A review of seven resident files included one hospital-level care resident and six rest home-level care residents, including one resident on a younger person with a disability (YPD) contract, one resident under Accident Compensation Corporation (ACC) funding,

<p>whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>and one resident on respite care.</p> <p>Initial assessments and care plans are completed by the registered nurse or caregiver; however, these are not always completed on the same day as admission. Assessments are documented in the paper-based resident files and include validated tools, such as those for pain; mobility; pressure injury risk; falls risk; acuity; and nutritional status (Mini Nutritional Assessment).</p> <p>InterRAI assessments are completed by a registered nurse for all long-term residents; however, the outcomes, scores, and identified risk triggers from these assessments are not consistently linked to the long-term care plans. For residents on YPD, ACC, and respite contracts, relevant assessment tools are used to inform care planning.</p> <p>Long-term care plans for all residents are developed in partnership with residents and their family/whānau. These care plans are holistic, addressing physical needs, activities of daily living, psychosocial and cultural needs, aspirations, and medical conditions; however, they are not always informed by the outcomes of the interRAI assessments, as the care plans are developed or updated before the interRAI assessment is completed. Additionally, the care plans reviewed did not consistently contain detailed interventions to guide staff in delivering care. The resident on the YPD contract has an individualised social and activities plan, including one-on-one activities, church attendance, nail care, family visits, and community outings.</p> <p>The registered nurse confirmed during the audit that although there were no Māori residents at the time, cultural assessments are completed to inform specific interventions in the Māori care plan. The nurse demonstrated an understanding of how to remove barriers so residents can access necessary services and information to support independence. They also described working collaboratively with residents and their family/whānau to help develop pae ora outcomes. Staff interviewed showed an understanding of tikanga and cultural safety, and they have access to Māori and Pasifika advisors for cultural support if required.</p> <p>Resident files are integrated, with all members of the care team</p>
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	<p>contributing to progress notes. This includes physiotherapists, registered nurse, healthcare assistants, general practitioner, podiatrists, and activities staff. For residents with behaviours of concern, early warning signs and behaviour management strategies are documented and communicated to all staff.</p> <p>General practitioner (GP) assesses residents within five days of admission and conduct routine reviews every three months, or more frequently if required. The GP interviewed reported timely communication from the facility, follow-up of management plans and constructive feedback regarding timely referrals. The GP provides after-hours support 24/7. Physiotherapy services are accessed via referral when needed.</p> <p>Contact details for family/whānau are documented in each resident's file. Interviews with EPOAs and family/whānau, as well as resident records, confirmed that families are informed of any changes in a resident's health condition. Policies and protocols are in place to ensure continuity of care. Staff interviews confirmed they are familiar with the needs of all residents and have access to the necessary supplies and resources to meet those needs. Healthcare assistants enter progress notes on every shift; however, registered nurse documentation was not consistently completed daily for the hospital level resident and was irregular for those at rest home level.</p> <p>Staff receive a handover at the beginning of each shift, as observed on the day of the audit. The handover was found to be informative and detailed to inform staff of the required care delivery.</p> <p>Monthly monitoring such as weight and blood pressure were inconsistently recorded across the reviewed files. Neurological observations are documented following all unwitnessed falls; however, other monitoring, such as resident repositioning was not consistently completed as required and outlined in care plans. Resident files included documentation of intentional rounding, behavioural monitoring, and food and fluid intake management where appropriate.</p> <p>On the day of the audit, there were seven active wounds from five residents, including skin tears, abrasions and two pressure injuries (one stage III and the other did not have the stage documented).</p>
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		<p>Although the wounds dressings were completed as scheduled, there are no comprehensive assessments at each dressing change to inform the management plan and evaluate progress of the wounds. There is input from the district nurse for complex wounds such as the pressure injuries; however, the wound care plans have not been updated with district nurse plan of care.</p> <p>Multidisciplinary reviews are conducted every six months, involving registered nurses, healthcare assistants, residents, family/whānau, activities staff, and GP input. During these reviews, care plans are evaluated to ensure goals are being met, and plans are updated as needed to reflect new goals.</p> <p>For short-term conditions such as wounds or infections, short-term care plans are not always developed as per policy. When short-term care plans are created and implemented, they are completed by healthcare assistants and signed off upon resolution.</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>PA Low</p>	<p>There is an experienced and enthusiastic activities coordinator who works Monday to Thursday. Resources are available for healthcare assistants to provide activities after hours and during the days there is no activities coordinator. The activities coordinator and van driver have completed first aid training. The programme is planned fortnightly and includes themed cultural events, including those associated with residents and staff. The activities programme is available throughout the facility on noticeboards within the communal areas and hand delivered to specific residents' bedrooms.</p> <p>Each resident has an initial profile, and an activities assessment completed. The cultural, social, spiritual, and diversional therapy section of the long-term care plan has not been consistently completed within three weeks of admission or reviewed at least six-monthly (link 3.2.1). The evaluations reviewed evidence detailed progress towards goals, with updates to the activities care plan as needs change. Activities staff document on an attendance register to indicate resident participation in activities. The resident's social and cultural profile includes the resident's past hobbies and present</p>

		<p>interests, likes and dislikes, career, and family/whānau connections. Staff have access to Māori and Pacific advisors if cultural support is needed. The activity team facilitates opportunities to participate in te reo Māori, incorporating Māori language in everyday communication, entertainment and singing, craft, participation in Māori language week, and Matariki. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents.</p> <p>Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as manicures, hand massage, setting up technology-based systems such as YouTube movies, internet, and walking around the facility. Residents are encouraged to join in activities that are appropriate and meaningful. Resident attendance is documented on the activities register. Group activities are held in the main lounge and include (but are not limited to) exercises; pet therapy; bowls; news and discussion sessions; baking; bingo; walking groups; reminiscing; crafts; games; quizzes; entertainers; exercise sessions including parachute activities; hand pampering; happy hour; and a section of physical games. There are entertainers visiting the residents regularly. There is communion service each week and church services from other denominations. There are weekly van outings every Wednesday; however, these are for residents able to navigate stairs. The younger residents are supported to engage in their preferred activities, such as movies, use of technology and supported to maintain links with their family/whānau.</p> <p>There are resident meetings held where 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 have 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 The people: I receive my medication and blood products in a safe</p>	<p>PA Moderate</p>	<p>There are medication management policies to guide safe medication administration and meets legislative requirements. All staff who administer medications are assessed for competency on an annual</p>

<p>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>basis. Education around safe medication administration has been provided as part of competency assessment. The registered nurse has completed syringe driver training. Staff were observed to be safely administering medications.</p> <p>Registered nurse and healthcare assistants interviewed could describe their role regarding medication administration. Irwell Rest Home uses blister packs for all medications and are checked against the electronic administration system by medication competent staff and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications are stored securely in the medication room area in locked cupboards. The medication fridges and medication room temperatures are monitored weekly. All temperature records reviewed showed that the temperatures are within acceptable ranges. All medications, including stock medications, are checked regularly for expiry. 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 required to be prescribed by the general practitioner and charted on the medication chart. Controlled drugs are stored in a secure safe; however, the weekly stock check has not been consistently completed. The six-monthly controlled drug physical check and reconciliation has been completed as per required timeframes.</p> <p>Fourteen medication charts, including two paper charts were reviewed. The medication charts reviewed confirmed the general practitioner reviews all resident medication charts three-monthly; however, not all the charts have photo identification and allergy status identified. There were no residents self-administering medications on the days of audit. There are processes in place to guide staff should any residents wish to self-administer medicines, including competency assessments, reviews and safe storage.</p> <p>As required medications are administered as prescribed and effectiveness documented on the electronic medication system or in the residents' progress notes. Medication competent healthcare assistants or the registered nurse sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are</p>
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		<p>updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>Registered nurse supports residents to access their medication. Service providers support Māori and whānau to access medication. Residents and their family/whānau are supported to understand their medications when required. The registered nurse interviewed described processes for working in partnership with Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are 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 1 August 2025. All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The six-weekly menu has been reviewed by a dietitian (approved May 2023). There is a full-time head cook who works Sunday to Wednesday, a second cook for Thursday and Saturday mornings, another cook Thursday to Saturday evenings, and a team of kitchen assistants who work morning and afternoon shifts.</p> <p>There is a food services manual available in the kitchen. The head cook receives resident dietary information from the registered nurse and is notified of any changes to dietary requirements. The head cook (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. The daily menu is written on noticeboards in the dining rooms. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented.</p> <p>The head cook and cooks complete a daily diary which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. Records</p>

		<p>reviewed indicate that these are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained. Meals are served from bain-marie by the cooks to the residents in the main dining room and delivered covered to those residents in the rooms. 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.</p> <p>The head cook and healthcare assistants interviewed understood basic Māori practices in line with tapu and noa. The head cook advised that they provide food for the cultural themed days in line with the theme. The head cook stated they accommodate any requests from residents within reason. The residents and family/whānau interviewed were complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident and family/whānau 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, 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>FA</p>	<p>The policies and procedures detail the required documentation and processes for resident transfers and discharges, including those to a higher level of care. These are planned and communicated with residents and their family/whānau in advance.</p> <p>Residents and their family/whānau are informed of available options to access other health and disability services, social supports, or Kaupapa Māori agencies as needed or requested. When a resident is transferred to a public hospital, their family/whānau is notified. The general practitioner initiates the hospital referral, and all relevant documentation including (but not limited to) current medication charts, care requirements, and copies of Enduring Power of Attorney (EPOA) documents—is sent with the resident.</p> <p>If a resident needs or requests to see another health service provider, a referral is made. Resident records showed referrals to professionals such as wound care specialists. Registered nurses complete and email these referrals, including photographs of</p>

		<p>wounds where applicable. The wound specialist then determines whether an in-person visit is needed or if wound management instructions can be provided remotely for non-complex cases.</p> <p>Residents attending external appointments are encouraged to be accompanied by their family/whānau. Any associated risks are communicated by the registered nurse to the external provider and documented in the resident's 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>PA Moderate</p>	<p>The building holds a current warrant of fitness, which expires on 23 November 2025. The facility manager/owner has oversight with all maintenance requirements. There is an employed gardener eight hours a week to maintain outdoor space. The facility manager/owner links in with certified contractors such as builders, electricians, plumbers for repairs as required 24/7. The facility manager/owner addresses day to day repairs (like light bulb replacements, screw adjustments and replacements) and arranges for planned maintenance to be completed by specialists. Staff complete a maintenance request form for repairs and requests and submit this to the facility manager/owner for review and actioning. These forms are checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging and calibration of medical equipment which was due for checks April 2022. Call bell checks, and weekly testing of hot water temperatures occurs. Hot water temperature records reviewed evidenced acceptable temperatures.</p> <p>The service is spread across two floors. There are 38 rooms downstairs and 22 beds located on the first floor. There is lift and stair access for residents to use between the floors. The lift is closely located to the main dining area. The lift is wide enough to accommodate ambulance transfer equipment (excluding stretchers). All the rooms are single occupancy with an ensuite. Residents and family/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit. All residents interviewed confirmed their privacy was maintained while attending to personal hygiene cares.</p>

	<p>The facility has corridors with handrails for residents to safely mobilise using mobility aids, including power chairs. Residents were observed moving freely around the areas with mobility aids where required. The facility's furnishings, floorings and equipment are designed to minimise harm to residents. There are adequate storage areas for mobility equipment, including use of empty rooms.</p> <p>There are separate visitor and staff toilets as well as communal toilets close to resident communal areas, such as the dining room and lounge areas. Privacy locks are on the communal and visitor toilets. All ensuite and communal toilets have paper towels and flowing soap available. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs.</p> <p>The exterior has been well maintained with safe paving, outdoor seating with shade, lawn, and gardens. Resident rooms are refurbished as they become vacant. The corridors are wide and promote safe mobility with the use of mobility aids. There is destination seating in the corridors. Residents were observed moving freely around the areas with mobility aids where required. All outdoor areas have seating and shade. There is safe access to all communal areas with resident access all around the building. Staff stated that they had necessary equipment for care delivery; however, as observed on the day of the audit there was no functional weighing scale and pressure relieving equipment to meet the needs of the residents at risk, or with current pressure injuries.</p> <p>There is a small lounge with library and activity resources, in addition to two main lounges. Group activities occur in the main lounges and residents interviewed stated they were able to use alternative communal areas, if they did not wish to participate in the group activities being held in the main lounge. All communal areas are easily accessible for residents with mobility aids with ramp access. There are also decorations and artwork throughout facility. There is no new development projects planned. The facility manager/owner explained that consideration will be given to reflect the aspirations and identity of Māori when required.</p> <p>All bedrooms and communal areas have external windows, ample</p>
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		<p>natural light, ventilation and heating that can be adjusted individually. All residents interviewed stated they were happy with the temperature of the facility. Furniture is arranged to create a homely and welcoming environment.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Moderate</p>	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. There is a current residents list which document assistance required in case of evacuation. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand (dated 6 May 2007). However, there are no clear external paths for evacuation to the assembly point. Fire evacuation drills have not been evidenced as held six-monthly.</p> <p>Civil defence supplies are stored in a central cupboard and are checked six-monthly. In the event of a power outage, there is a generator which can power emergency lighting, medical equipment and cooking facilities. A gas barbeque is available for cooking. There is adequate food supply available for each resident for minimum of seven days. There are adequate supplies in the event of a civil defence emergency. The provider has a 18 000-litre tank available (reticulated water), providing sufficient water supplies to provide residents and staff with 20 litres per day, for a minimum of seven days. Emergency management is included in staff orientation and is included in the ongoing education plan (link 2.3.4). Emergency response information is readily available in each nurse's station and in various other areas. A minimum of one person trained in first aid is always available.</p> <p>There are call bells in the residents' rooms, ensuites, communal toilets, and lounge/dining room areas. There are mimic boards in the hallways to show staff where the call bell will be coming from. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of a maintenance audit. The residents were observed to have their call bells in proximity. Residents and</p>

		<p>family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The facility is secured at night, with the doors closed by staff at predetermined times and security checks completed. Family/whānau are informed of emergency procedures as part of the admission process for their relative. On interview, staff confirmed an awareness of the process to follow should an emergency event occur.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. 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 registered nurse oversees infection control and prevention across the service. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality, risk and incident reporting system. Infection rates are presented and discussed at quality/management meetings which the owners attend. Infection control is part of the strategic and quality plans. Information includes surveillance data, outbreak data and outbreak management, infection prevention related audits, and anti-microbial usage on a monthly basis, including any significant infection events.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Health New Zealand. There are hand sanitisers strategically placed around the facility. Residents, and staff are offered relevant vaccinations. Visitors are asked not to visit if they are unwell.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and</p>	PA Low	<p>The infection control manual was developed by the infection control coordinator, in association with the management team. The policies outline a range of policies, standards and guidelines, including role definitions, responsibilities and oversight, training, and education of staff. Policies and procedures are linked to the quality programme, have been approved by management team, and reviewed annually by the management team. All policies are available to staff. The infection control coordinator is the registered nurse, who has a job description in place. The infection control coordinator has completed</p>

<p>scope of our services.</p>	<p>online education and completed practical sessions in hand hygiene and personal protective equipment (PPE) donning and doffing. There is external support from the general practitioner, laboratory and Health New Zealand infection control nurse specialist, should this be required.</p> <p>The service has a pandemic response plan which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. There are sufficient quantities of PPE available as required. There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo Māori information around infection control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention, that acknowledge the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. However, staff education around infection control is provided by staff accessing policies and signing that they have read and understood. Staff report that videos have been made available to staff, as well as hand washing audits; however, attendance at these have not been documented. When there is an identified issue; for example, a spike of six urinary tract infections in January 2025, there is no documented feedback or education to staff. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Posters regarding good infection control practice were displayed in English, and te reo Māori.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The infection control coordinator has input into the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products, in collaboration with the nurse manager. The management team and</p>
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		governance would liaise with the local iwi contacts, should the design of any new building or significant change be proposed to the existing facility.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has anti-microbial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meetings. Prophylactic use of antibiotics is not considered to be appropriate and is 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>	PA Low	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends.</p> <p>Infection control surveillance is discussed at quality meetings. The service does not yet incorporate ethnicity data into surveillance methods. Internal benchmarking is completed by the infection control coordinator and nurse manager. Collation and trending is completed by the infection control coordinator. Meeting minutes and graphs are displayed for staff. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Health New Zealand for any community concerns.</p> <p>There have been two outbreaks (Covid-19) since the last audit. The facility followed their pandemic and outbreak plan. There were clear communication pathways with responsibilities and include outbreak meetings and communication with all relevant parties. Staff wore</p>

		<p>personal protective equipment, and family/whanau were kept informed by phone or email. Visiting was restricted for the areas affected.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed wearing these as they carried out their duties on the audit days. There are sluice rooms (with sanitisers) and personal protective equipment, including face visors. A chemical provider monitors the effectiveness of chemicals.</p> <p>Linen and personal clothes are laundered on-site by dedicated staff seven days a week. There are defined areas for clean and dirty laundry, and a dirty-to-clean flow is evident. Kitchen linen and mop heads are also done on-site at separate times to resident clothes and linen. There are sufficient commercial washing machines and dryers. Material safety data sheets are available, and all chemicals are within closed systems. Linen was seen to be transported on covered trolleys. The numerous linen cupboards were well stocked with good-quality linen. The washing machines and dryers are checked and serviced regularly.</p> <p>Cleaning services are provided seven days a week. Cleaners’ trolleys are attended to at all times and locked away in the cleaners’ cupboard when not in use. Cleaning schedules have been consistently maintained for daily and periodic cleaning (records sighted on the day). All chemicals on the cleaner’s trollies were labelled. Appropriate personal protective clothing was readily available.</p> <p>The staff interviewed had good knowledge about cleaning processes and infection prevention and control requirements. The infection control coordinator has oversight of the monitoring programme for</p>

		<p>the built environment through scheduled internal audits, that include those related to cleaning, laundry and the environment.</p> <p>The infection control coordinator provides support to maintain a safe environment during construction, renovation, and maintenance activities. There was no construction, installation, or maintenance in progress at the time of the audit.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive 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>Irwell Rest Home is committed to providing service to residents without use of restraint. Policies and procedures meet the requirements of the Standard. The restraint approval group is responsible for monitoring restraint use and implementation of the policy within the service. Restraint use and strategies to minimise the use of restraint is discussed in the quality improvement meetings, which are attended by the owners. Interview with the restraint coordinator (registered nurse) and the quality improvement officer confirmed that restraints are used as a last resort and the service is committed to a restraint-free environment. Interviews confirmed that the staff had a comprehensive understanding of restraint.</p> <p>Restraint policy confirms that restraint consideration and application must be done in partnership with residents, family/whānau and the choice of device must be the least restrictive possible. At all times when restraint is considered, Irwell Rest Home will work in partnership with Māori, to promote and ensure services are mana enhancing. A review of the documentation available for residents requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval and review processes include input from the resident, family/whānau, general practitioner, restraint coordinator, and quality improvement officer.</p> <p>At the time of the audit, there were no residents using restraints. When restraint is used, this is a last resort when all alternatives have been explored. The restraint coordinator has a defined role of providing support and oversight for any restraint management. There are clear lines of accountability. Restraint minimisation is</p>

		included as part of the mandatory training plan (2.3.4) and orientation programme. Staff have completed annual restraint competencies.
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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 1.7.1</p> <p>I shall have the right to make an informed choice and give informed consent.</p>	PA Low	<p>There are policies around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Seven resident files were reviewed and written general consents sighted and signed as part of the admission process. Specific consent had been signed by resident and family/whānau for procedures such as vaccines.</p> <p>The admission agreement has been appropriately signed by the resident or the enduring power of attorney (EPOA) for three resident files reviewed; four did not have a copy of the agreement on file.</p>	<p>There are no signed admission agreements on file for three residents (one hospital and two rest home).</p>	<p>Ensure there are signed admission agreements in all resident files.</p> <p>90 days</p>

<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA Low</p>	<p>The monthly management / quality meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings, and collation of data were documented as taking place. Staff meetings are scheduled; however, have not been evidenced as consistently held as scheduled. The quality improvement officer advised that the communication book is used to keep healthcare assistants informed. A review of the communication book evidences that this is a handover document around resident care needs, maintenance needs and general messages. There was no evidence of quality information being shared with staff.</p>	<p>(i). Staff meetings have not consistently been evidenced as being held as scheduled.</p> <p>(ii). There is no documented evidence in the meeting minutes of feedback to staff around the quality plan, and quality activities including incidents, accidents and restraint.</p>	<p>(i). Ensure that staff meetings are held according to the schedule.</p> <p>(ii). Ensure that there is evidence of the sharing of quality information with staff.</p> <p>90 days</p>
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	<p>PA Moderate</p>	<p>Irwell Rest Home has documented a quality and risk management programme which includes performance monitoring through internal audits, the collection and collation of quality data. The quality and risk system is not fully implemented.</p> <p>The monthly management / quality meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. A documented review of risks and opportunities is not evidenced as</p>	<p>(i). Four of four medication incidents do not document follow up with staff concerned and/or learning process for staff.</p> <p>(ii). One complaint regarding a staff member 'pulling on a resident's face cheeks' has no documented follow up.</p> <p>(iii). Four complaints for 2024/25 care related; there is no documented follow up or learning experience for staff.</p>	<p>(i). – (iii). Ensure that risks are reviewed and issues identified are evidenced as being followed up and include an action plan.</p> <p>60 days</p>

		followed up and not well documented.		
<p>Criterion 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>	PA Low	There is policy and process documented, including templates, to ensure that all reporting can be documented and followed up. Incident and accident data is collated monthly and analysed; however, not all incidents/ accidents as identified through progress notes and wound care plans have an incident form.	Two pressure injuries and one fall with fracture did not have evidence of an incident/ accident form being completed.	<p>Ensure that all identified incidents and accidents are documented according to policy using the incident form process.</p> <p>30 days</p>
<p>Criterion 2.2.6</p> <p>Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.</p>	PA Low	Discussions with management team discussed their awareness of the requirement to notify relevant authorities in relation to essential notifications; however, not all notifications have been evidenced as completed as required. There was a lack of clarity amongst the management team around who is responsible for reporting.	<p>(i). Section 31 notification or SAC reports were not evidenced for one stage III pressure injury and one fall with fracture.</p> <p>(ii). There were no Section 31 notifications completed when there was no RN cover, when the RN was on leave.</p>	<p>(i). Ensure that essential reporting is completed as required.</p> <p>(ii). Ensure Section 31 notifications are completed when there is no RN cover.</p> <p>60 days</p>
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	There is a staffing policy and procedure that describes rostering and staffing rationale. This includes documented processes for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. However, there is no RN clinical leadership for when the RN is on leave, to meet the ARRC contract. Review of the current rosters showed shifts were covered by experienced healthcare assistants, and a registered nurse who is employed full time. In	There is no RN cover for when the RN is on leave to meet the ARRC contract (D17.1).	<p>Ensure there is clinical leadership and support available to staff to meet the ARRC contract.</p> <p>90 days</p>

		practice, the RN works off site three of five days a week.		
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	<p>There is an annual education and training schedule; however, training is provided though requiring staff to read policies and sign having read. The education and training schedule is documented. The training schedule includes falls; neurological observations; diet and nutrition in the elderly; Code of Rights; abuse and neglect; privacy and dignity; understanding dementia; managing behaviours that challenge; infection control; restraint; ethnicity and cultural practice; professional boundaries; safe food handling; advocacy; continence; and managing emergencies (as examples). All healthcare assistants are required to complete annual competencies for restraint, handwashing, cultural safety, and moving and handling. A record of completion is maintained.</p>	<p>There was no evidence of training sessions being held. Policies have been provided for staff to read.</p>	<p>Ensure that the training programme demonstrates a system of learning and development for staff to provide high quality services.</p> <p>60 days</p>
<p>Criterion 2.4.2</p> <p>Service providers shall ensure the skills and knowledge required of each position are identified and the outcomes, accountability, responsibilities, authority, and functions to be achieved in each position are documented.</p>	PA Low	<p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during their on-boarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities and any additional functions (eg, restraint coordinator, infection control</p>	<p>The job descriptions for the activity coordinator, the registered support person, and the quality improvement officer are for the caregiver role, and do not describe the role they undertake.</p>	<p>Ensure required employment documentation is in place for staff reflecting roles they work.</p> <p>60 days</p>

		coordinator); however, not all staff had a job description reflective of their role.		
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	PA Low	All staff who had been employed for more than 12 months have an annual appraisal completed; however, the RN appraisal was reflective of a scope of practice document, was not fully completed and had been undertaken by a non-clinical person.	<p>(i). The registered nurse appraisal is a scope of practice document. The document has not been fully completed and does not reflect an appraisal process.</p> <p>(ii). The RN scope of practice document has been signed off by a non-clinical person.</p>	<p>(i). Ensure that the RN appraisal document reflects role performance, opportunities to improve, and future goals.</p> <p>(ii). Ensure that the RN appraisal is undertaken by a clinical person.</p> <p>90 days</p>
<p>Criterion 3.1.5</p> <p>Service providers demonstrate routine analysis to show entry and decline rates. This must include specific data for entry and decline rates for Māori.</p>	PA Low	Data is collated on the numbers of declined entries; however, this data does not include ethnicity and evidence of routine analysis to show specific data for Māori.	Routine analysis of entry and decline rates does not include specific data for entry and decline rates for Māori.	<p>Ensure that analysis includes specific data for entry and decline rates for Māori.</p> <p>90 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	<p>There are policies in place reflecting, assessment, care planning and evaluation. Review of the resident files provided evidence that the assessment and care planning process involves residents and family/whānau.</p> <p>Assessments and care planning has not been completed in line with timeframes as per ARRC agreement D16.2, D16.3 and D16.5. Three initial assessments</p>	<p>(i). Three of seven admission initial assessments and care plans have not been completed within 24hours.</p> <p>(ii). Two of four interRAI assessments, and two long-term care plans have not been completed within three weeks of admission.</p>	<p>(i)-(iii). Ensure that all assessments and care plans are completed in line with policy and contractual requirements.</p> <p>(iv). Ensure that assessments and care plan evaluation are completed as</p>

		<p>and care plans were not completed within 24 hours of admission; two interRAI assessments and long-term care plans were not completed within three weeks of admission; three activity assessments and care plans were not completed within three weeks of admission; and there were overdue interRAI re-assessments and care plan evaluations.</p> <p>Medical admissions have been completed within the required timeframes.</p>	<p>(iii) Three activity assessments and care plans have not been completed within three weeks of admission. Two activity care plans were not reviewed at least six-monthly.</p> <p>(iv). There is one overdue interRAI re-assessment and two overdue care plan evaluations.</p>	<p>scheduled.</p> <p>90 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners</p>	<p>PA Moderate</p>	<p>The service employs one registered nurse to provide clinical oversight and accountable for the assessment and care planning processes; however, care plans reviewed were completed by a healthcare assistant (registered nurse support), including evaluation and sign off of short-term care plans. Four of the resident files reviewed were for diabetic residents, including one who were insulin dependent. Although the care plans reflected that the residents were diabetic and the dietary requirements, there were no detailed interventions reflecting the reportable ranges; monitoring requirements of blood glucose levels and HBA1c; signs and symptoms of hypoglycaemia and hyperglycaemia; and management thereof.</p> <p>The interRAI assessments did not always inform the care plans as these assessments were completed after the</p>	<p>(i). Four resident care plans for diabetes management (including one insulin dependent) did not have interventions to guide staff in the delivery of care including monitoring requirements, reportable ranges, signs and symptoms of hypo and hyperglycaemia and management thereof.</p> <p>(ii). Assessments, care planning and evaluation of five short-term care plans and three long-terms care plans and evaluations were completed by the healthcare assistant (registered nurse support), contrary to ARRC agreement D16.3c and d.</p> <p>(iii). Three of four interRAI assessments were completed after care plans had been developed.</p>	<p>(i). Ensure care plans have detailed interventions documented to provide guidance to staff on the management of care.</p> <p>(ii). Ensure assessments and each care plan is developed, documented, and evaluated by the registered nurse.</p> <p>(iii)-(iv). Ensure interRAI assessments inform the care plan and CAP triggers are reflected in the care plan.</p>

<p>as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service integration as required.</p>		<p>care plan was developed. Where CAP triggers were identified in the interRAI assessments, these were not reflected in the care plan.</p> <p>As part of assessment and care planning cultural needs, values and beliefs are considered with interventions documented.</p>	<p>InterRAI assessments do not inform care plans.</p> <p>(iv). Triggers from interRAI assessments are not reflected in care plans of four of four resident files reviewed.</p>	<p>90 days</p>
<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</p>	<p>PA Moderate</p>	<p>The service has comprehensive policies related to assessment, support planning and care evaluation. A range of monitoring charts are available for the care staff to utilise; however, these have not been implemented consistently or evaluated to inform care delivery. Monthly observations such as weight and blood pressure were not completed consistently. For residents with identified high risk of pressure injuries, repositioning charts have not been implemented.</p> <p>The wound register was reviewed; however, did not include comprehensive assessment of all current wounds and current pressure injuries were not staged. The wound audits were completed as scheduled and evidenced</p>	<p>(i). There were no short-term care plans for short-term needs for two residents with infections; one with a rash and one for monitoring post pacemaker insertion.</p> <p>(ii). The wound care plans reviewed do not identify category of pressure injuries and have not been updated with district nurse plan of care. Five of five wound care plans reviewed do not demonstrate comprehensive assessment at each dressing change to inform the management plan.</p> <p>(iii). There is no documented 24/7 RN oversight for one hospital level care resident to ensure that clinical</p>	<p>(i)-(ii). Ensure that short-term care plans are developed for short-term needs and wound care plans are detailed.</p> <p>(iii). Ensure there is registered nurse input and oversight documented in resident records.</p> <p>(iv)-(v). Ensure that observations are completed as per care plan and clinical risk.</p> <p>(vi). Ensure clinical follow up of out-of-</p>

<p>services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>compliance. The registered nurse has attended external wound training to keep abreast with current best practice.</p> <p>Short-term care plans were not always developed as per policy for short-term needs, including infections, rashes and monitoring requirements post-surgery. Where they were completed, these were completed by a healthcare assistant. Progress notes were documented each shift by healthcare assistants; however, did not evidence registered nurse review and oversight, including for the hospital level care resident.</p>	<p>risks are identified promptly, interventions implemented and evaluation of care delivery. Progress notes for seven of seven resident files reviewed do not evidence regular registered nurse review of care delivered by healthcare assistants.</p> <p>(iv). Weights have not been checked for five of seven residents since November 2024 due to weighing scale malfunctioning and out of action (including for three recently admitted residents).</p> <p>(v). Two resident files do not evidence observations such as temperature, BP, and pulse checks being completed on admission.</p> <p>(vi). There is no two-hourly position change documented for a resident with pressure injuries as per care plan.</p> <p>(vii). Blood glucose monitoring records for two insulin dependent diabetic residents indicate readings above accepted ranges, with no evidence of remedial actions.</p>	<p>range blood glucose levels.</p> <p>60 days</p>
<p>Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the</p>	<p>PA Moderate</p>	<p>There is a detailed care planning policy which demonstrates commitment to the promotion of resident health and wellbeing. The registered nurse is accountable for ensuring that evaluations are completed at defined intervals and</p>	<p>Five wound care plans reviewed do not demonstrate wound progress evaluation at dressing change.</p>	<p>Ensure evaluations are documented, and progression towards healing is evidenced.</p>

<p>person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (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 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>record the degree of achievement against set goals. All resident files reviewed (except for the respite recently admitted) included a long-term care plan and the provider meets evaluation timeframes according to ARRC agreement. However, although the wounds were dressed as scheduled, the five wound care plans reviewed did not provide evidence of wound evaluations being completed at each dressing change.</p>		<p>60 days</p>
<p>Criterion 3.3.2 People receiving services shall be supported to access their communities of choice where possible.</p>	<p>PA Low</p>	<p>There is an experienced and enthusiastic activities coordinator who works Monday to Thursday. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. There are weekly van outings every Wednesday. However, these are for residents able to navigate stairs, as the van that is used does not have hoist abilities for residents who use walkers or may need the wheelchair. Interviews with family/whānau and staff confirmed that not all residents are able to attend the</p>	<p>There are planned van outings each week that allow residents to access the community. The facility van does not have a hoist and therefore only mobile residents able to navigate the stairs can go out in the outing. Residents who use walkers or wheelchairs are unable to engage in the outings.</p>	<p>Ensure an equitable service is supported for all residents to access communities of choice. 90 days</p>

		<p>van outings and would like to see more engagement with external community with outings. There is no evidence of alternatives being used such as mobility vans or driving Ms Daisy to support residents.</p> <p>Staff record resident participation on the activities' attendance register, with evaluation completed six-monthly.</p>		
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>The registered nurse and medication competent healthcare assistants are responsible for the administration of medications. Those responsible for medication administration have all completed medication competencies including education related to medication management. There is a policy and process on safe medicine management, including reconciliation, storage, and documentation requirements. However, review of the controlled drug register shows that controlled drugs checks have not consistently been completed weekly over the last six months.</p> <p>Three of the fourteen medication charts reviewed did not have photo identification; two of which were paper charts. Three medication charts (one paper and two electronic) did not have allergies and sensitivities documented.</p> <p>Staff have received training related to medicine management as part of competency assessment, and medication related audits have been</p>	<p>(i). Weekly controlled drug checks have not been consistently completed.</p> <p>(ii). Three medication charts have no allergies documented.</p> <p>(iii). Three medication charts do not have photos.</p>	<p>(i). Ensure weekly stock check of controlled drugs is consistently completed.</p> <p>(ii)-(iii). Ensure all the medication charts have photo identification and allergies documented as per policy and legislative requirement.</p> <p>60 days</p>

		completed in line with the audit schedule.		
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	<p>PA Moderate</p>	<p>There is an annual maintenance plan that includes electrical testing and tagging and calibration of medical equipment, which was due for checks April 2022. Call bell checks, and weekly testing of hot water temperatures occurs. Hot water temperature records reviewed evidenced acceptable temperatures.</p> <p>Staff interviewed stated that, with the exception of the weighing scale and as sighted on the day of the audit with pressure relieving equipment, they have adequate equipment to safely deliver care for their residents.</p>	<p>(i). Test and tag of electrical equipment and equipment calibration indicates that checks were due 24 April 2022.</p> <p>(ii). There is no evidence that medical equipment including BP machine and thermometers, have been calibrated.</p> <p>(iii). Chair weighing scale has been out of action since November 2024, with no replacement. Residents have not been weighed since then, impacting on clinical risk for monitoring of residents. Calibration of the chair weigh scale indicates that a check was due 24 April 2022.</p> <p>(iv). There is no adequate pressure relieving equipment to meet the needs of a resident with current pressure injuries.</p>	<p>(i)-(ii). Ensure that equipment is fit for purpose, with electrical and calibration checks completed to comply with legislative and service delivery requirements.</p> <p>(iii). Ensure that there is a weighing scale available to weigh the residents.</p> <p>(iv). Ensure that there is adequate pressure relieving equipment for the care requirements.</p> <p>60 days</p>
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.</p>	<p>PA Moderate</p>	<p>There is a current fire evacuation is in place that has been approved by Fire and Emergency New Zealand (dated 6 May 2007). Staff have received training that shows them where the fire exits are and how to use the various fire equipment every six months. However, they have not completed a trial evacuation six-monthly, as required by the evacuation plan approved by Fire</p>	<p>There was no evidence of evacuation drills being completed to meet the requirements of the evacuation plan.</p>	<p>Ensure fire evacuation drills are evidenced as completed.</p> <p>60 days</p>

		and Emergency New Zealand on 6 May 2007.		
<p>Criterion 4.2.2</p> <p>Service providers shall ensure there are implemented fire safety and emergency management policies and procedures identifying and minimising related risk.</p>	<p>PA Moderate</p>	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. There is a current residents list which document assistance required in case of evacuation. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand (dated 6 May 2007). However, there are no clear external paths for evacuation to the assembly point.</p>	<p>The fire exit pathway for residents that connects to the assembly point in the driveway was obstructed by a vehicle parking bay. On the day of the audit there was a mobility van parked.</p>	<p>Ensure that there is a clear pathway for safe and effective evacuation of residents in case of emergency to the assembly point in the car park.</p> <p>60 days</p>
<p>Criterion 5.2.6</p> <p>Infection prevention education shall be provided to health care and support workers and people receiving services by a person with expertise in IP. The education shall be:</p> <p>(a) Included in health care and support worker orientation, with updates at defined intervals;</p> <p>(b) Relevant to the service being provided.</p>	<p>PA Low</p>	<p>Information includes surveillance data, outbreak data and outbreak management, infection prevention related audits, and anti-microbial usage on a monthly basis, including any significant infection events; however, an identified spike in urinary tract infections (UTI) had no action plan/ follow up or education for staff.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan; however, staff education</p>	<p>(i). Staff education around infection control is provided by staff accessing policies and signing that they have read and understood. Staff inform that videos have been made available to staff, as well as hand washing audits, but these have not been documented.</p> <p>(ii). There is no documented evidence of feedback or education to staff when there was a spike of six UTIs in January 2025.</p>	<p>(i). Ensure that education is provided by a person with expertise in infection control.</p> <p>(ii). Ensure an action plan is developed when infection control issues arise as part of the quality improvement process.</p> <p>60 days</p>

		around infection control is provided by staff accessing policies and signing that they have read and understood. Staff inform that videos have been made available to staff as well as hand washing audits, but these have not been documented.		
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	PA Low	<p>Infection surveillance is an integral part of the infection control programme and is described in the hospital infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is collated monthly and reviewed for any trends. Review of the monthly infection reports, annual report and meeting minutes shows that the service does not link ethnicity data with infection surveillance. Infection control surveillance is discussed at staff and quality meetings.</p>	<p>Ethnicity is not yet collected as part of infection surveillance.</p>	<p>Ensure that ethnicity data is linked to infection surveillance.</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.