

# Aspiring Care Limited - Aspiring Care

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Aspiring Care Limited
<b>Premises audited:</b>	Aspiring Care
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 26 June 2025    End date: 27 June 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	50

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

## General overview of the audit

Aspiring Care Centre is one of nine aged care facilities managed by Presbyterian Support Otago (PSO). The service is certified to provide hospital (geriatric and medical), rest home and dementia level of care for up to 53 residents. At the time of the audit there were 50 residents in total.

This provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand, and to review the prospective provider's level of preparedness. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau, management, the general practitioner, and staff.

The prospective purchaser, Aspiring Care Limited, has been involved in Aspiring Care Centre. The prospective purchaser has been in partnership with PSO and plan to take over full management of Aspiring Care Centre. There is a documented plan to transition to their electronic quality system, policies, procedures, and electronic client management system. Aspiring Care Limited provides administrative, human resource management, payroll, and training support.

The interim facility manager has considerable experience in the aged care industry and is supported by a clinical manager, a clinical nurse advisor, quality advisor, and the wider senior management team. There is a focus on delivering person-centred care for all residents, encompassing the Enliven Philosophy in all aspects of service delivery.

This provisional audit identified a shortfall related to meeting minutes.

## Ō tātou motika | Our rights

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

Subsections applicable to this service are fully attained.

Aspiring Care Centre provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. The service works to embrace, support and encourage a Māori worldview of health and provide high-quality and effective services for residents. Residents receive services in a manner that considers their dignity, privacy, and independence. Aspiring Care 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 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 the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service.

## Hunga mahi me te hanganga | Workforce and structure

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

Some subsections applicable to this service are partially attained and of low risk.

The strategic and business plan include a mission statement and operational objectives. The service has a documented 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, meetings, and collation of data were all documented as taking place.

as scheduled, with corrective actions as indicated. Health and safety is appropriately managed to ensure the safety of residents and staff. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential. Rosters evidenced adequate staff on each shift. A role specific orientation programme and regular staff education and training are in place. Staff complete annual competencies related to their roles. There is safe storage of staff and resident information.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service are fully attained.
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The interim facility manager and the clinical manager efficiently manage the entry process to the service. There was an electronic system for monitoring entry to services. Residents were assessed before entry to the service to confirm eligibility. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrate individualised care. Files reviewed demonstrated care meets the needs of residents and that these have been evaluated on a regular and timely basis.

Residents were supported to maintain and develop their interests and participate in meaningful activities both within the service and in the community. Activities plans were completed in consultation with residents and their family/whānau. 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 reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed meet prescribing requirements and 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.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service are fully attained.

The facility is fit for purpose and complies with legislation relevant to the services provided. The environment is inclusive of the residents' cultures and supports cultural practices. The building holds a current warrant of fitness. Electrical and biomedical equipment has been checked and assessed as required. Internal and external areas are accessible and safe. External areas have shade and seating provided and meet the accessibility needs of residents. Most resident bedrooms have ensuites with sufficient provision of communal toilets and showers with appropriate signage. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents. Residents and family/whānau report timely response to call bells. Security checks are performed by staff. The dementia unit is secure with secure enclosed gardens.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service are fully attained.

The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at organisational level. All staff have completed education in relation to infection control and Te Tiriti O Waitangi. Resources in te reo Māori are available. Antimicrobial stewardship is monitored. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements.

Laundry and cleaning processes are monitored for effectiveness.

## 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 are fully attained.

The service is restraint free. This is supported by the governing body and policies and procedures. There was no evidence of restraint use. An assessment, approval, and monitoring process, with regular reviews is in place, should restraint use be required in

the future. A suitably qualified restraint coordinator, who is a registered nurse, leads the process. Staff receive education in the management of challenging behaviour, de-escalation strategies and alternative interventions to restraint.

## 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	26	0	1	0	0	0
Criteria	0	167	0	1	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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>There is a Māori health plan that describes the Māori perspectives of health and a commitment to Te Tiriti o Waitangi. A PSO Board member who identifies as Māori, is working with the senior leadership team and assist with building and maintaining links with mana whenua, tāngata whenua and Pasifika. The facility works in partnership with iwi and Māori organisations within and beyond the health sector to allow for better service integration, planning and support for Māori.</p> <p>The business plan and annual quality and risk plan reviewed evidenced leadership commitment to ensure all aspects of service delivery is culturally safe. The recruitment policy includes provision of an equitable recruitment process. The interim facility manager and clinical manager (CM) confirmed in interview that the service supports a Māori workforce through an equitable recruitment process. There were staff identifying as Māori at the time of the audit.</p> <p>There were residents identifying as Māori at the time of the audit. Staff have received Enliven Philosophy training, where Te Wheke Māori Model of Health and wellbeing, Te Tiriti o Waitangi, Māori health policy, tikanga practices and te reo Māori are included. Self-determination, cultural values and beliefs of Māori residents and</p>

		<p>family/whānau are documented in the resident care plan. The Enliven philosophy and approach means each person's cultural needs are considered individually.</p> <p>All staff have access to relevant tikanga guidelines. Te reo Māori is encouraged to be used in general conversations. Interviews with three managers (interim facility manager, PSO quality advisor, and clinical manager [CM]) and fourteen staff (four registered nurses (RNs), six healthcare assistants [HCAs], head cook, maintenance person, activities assistant and cleaner) confirmed that mana motuhake is respected and they are well-equipped to deliver equitable services.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>There is a Pacific health plan in place, which documents care requirements for Pacific peoples to ensure culturally appropriate services. The plan includes the Fonofale model of care for use with Pacific peoples. Engagement with Pacific communities is facilitated by Pacific staff members. Ethnicity information and Pacific people's cultural beliefs and practices that may affect the way in which care is delivered, is documented on admission to the service.</p> <p>Interviews with the clinical manager and the staff confirmed that they understood the equity issues faced by Pacific peoples and can access guidance from people within the organisation around appropriate care and service for Pasifika. There are equitable recruitment and education processes to recruit and upskill Pacific staff. At the time of the audit, there were no residents who identified as Pasifika.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed on posters and brochures available in te reo Māori on entry to the facility. Brochures on the Code and the Nationwide Health and Disability Advocacy Service are also available. Interviews with five residents (hospital level residents), and five family/whānau (two hospital and three dementia) and staff confirmed that staff are respectful and considerate of residents' rights in line with the Code. The clinical manager confirmed the involvement of independent advocacy when required. Regular resident meetings provide a</p>

		<p>valuable platform for residents to voice their preferences regarding various aspects of the home, including food and activities. The meeting minutes evidenced residents' wishes are conveyed to management. Documented evidence shows that the service follows up on raised issues. The service actively supports and encourages family/whānau engagement and welcome visits.</p> <p>Residents and family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service and were provided with opportunities to discuss and clarify their rights.</p> <p>The clinical manager affirmed their commitment to respecting and upholding Māori autonomy and mana motuhake, which was confirmed by staff interviewed.</p> <p>The prospective purchaser is an experienced leader in retirement villages and is familiar with the Code and their responsibilities. This was evidenced through interview and reflective in the large number of policies that have been made available around resident rights.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Resident file reviews and interviews with staff, residents and family/whānau confirmed that Aspiring Care Centre is inclusive of each resident's identity, including their values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristic. Staff were observed to maintain privacy throughout the audit. All residents have a private room. Care plans included respect for advance directives and personal wishes, as well as efforts to promote independence. Residents affirmed that their personal priorities are supported, which was observed during the audit and reflected in individualised care plans.</p> <p>During interviews, staff demonstrated their understanding of the principles of Te Tiriti o Waitangi and how to apply these in their daily work. Māori language is prominently featured in the facility's signage and posters, including the activities programme. Management is committed to respecting and upholding Māori autonomy, language,</p>

		<p>and mana motuhake.</p> <p>Māori cultural days are celebrated and include Matariki and Māori language week. Staff received training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori. A sexuality and intimacy policy is in place, with training part of the education schedule. Staff were observed to use person-centred and respectful language with residents. Spiritual needs are identified, church services are held, and other spiritual support is available. The RNs and healthcare assistants interviewed explained how the service meets the residents' cultural and spiritual needs.</p> <p>Te reo Māori signage was visible throughout the facility, and staff have access to the Māori health plan, which they reference and implement regularly in their daily activities.</p>
<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>Staff demonstrated a clear understanding of the service's policy on abuse and neglect, including the appropriate actions to take if any signs were observed. The audit found no instances of discrimination, coercion, or harassment in staff, resident, or family/whānau interviews, or in the reviewed documentation.</p> <p>Staff sign a code of conduct upon commencing employment. Staff demonstrated an understanding of what Te Tiriti o Waitangi means to their practice. Residents interviewed reported that their property is respected, and professional boundaries are consistently maintained. The service follows a process of managing residents' finances through invoicing. Residents maintain a comfort account to avoid handling cash.</p> <p>Internal audits of the Code of Rights and cultural values were conducted to ensure compliance. The results confirmed that residents' needs are being met, with audit reports showing full compliance in these areas. Additionally, the staff interviewed stated teamwork is good and there is an absence of a bullying culture. Interviews with</p>

		<p>staff and management confirmed their commitment to fostering a positive, inclusive, and safe working environment. They are encouraged to address issues of racism and acknowledge their own biases, ensuring a supportive and equitable workplace. Staff interviewed expressed confidence in raising concerns about institutional and systemic racism, knowing that such concerns would be addressed.</p> <p>A strengths-based and holistic model is prioritised through the Enliven philosophy, encompassing respect - whakaute, relationships - whanaungatanga, security - whakahaumarū, choice - kowiri, contribution - whai wahi and activity ngā mahi te rēhia, ensuring wellbeing outcomes for Māori is achieved when in care.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</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 related to the service and what to expect when entering the service is provided to the resident and family/whānau on admission. Non-subsidised residents and their family/whānau are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>Residents and family/whānau interviewed provided positive feedback, noting that communication is open and effective, and they felt listened to. They expressed the ability to raise concerns with staff and management and consistently felt heard and understood.</p> <p>Review of a sample of adverse event forms confirmed that family/whānau were notified of any events or incidents. The contact details for family/whānau and the Enduring Power of Attorney (EPOA) were kept current, with a secondary contact noted when the EPOA was unavailable. A general practitioner (GP) interview confirmed timely communication and appropriate follow ups.</p> <p>A review of quarterly residents' meeting minutes confirmed that residents can raise issues with staff and management. These concerns are followed up, and any issues are addressed promptly. Information is provided to residents and family/whānau on admission.</p>

		<p>The clinical manager described an implemented process around providing residents and family/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. The delivery of care includes a multidisciplinary team and family/whānau are communicated to with regard to services involved.</p> <p>Aspiring Care Centre has access to interpreter services and cultural advisors/advocates when required. At the time of the audit all residents could speak and understand English.</p> <p>Staff, residents and family/whānau have been informed of the proposed change in ownership/management of the care facility at the time of the audit.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies documented around informed consent. Informed consent processes are discussed with residents and family/whānau on admission. Seven resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management, and medical cares are included and signed as part of the admission process. Specific consent has been signed by the resident or their enduring power of attorney (EPOA) for procedures such as influenza and Covid-19 vaccines, and other clinical consents. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' file and is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity is on file; this was evident in all the dementia unit residents' files reviewed.</p> <p>An advance directive policy is in place and is implemented. Advance directives for health care, including resuscitation status had been completed by residents deemed to be competent. Where residents</p>

		<p>were deemed incompetent to make a resuscitation decision, the general practitioner has made a medically indicated resuscitation decision. There is documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their family/whānau. Discussions with the healthcare assistants and registered nurse confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around the Code, including informed consent.</p> <p>The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care. The registered nurses and clinical manager have a good understanding of the organisational processes to ensure Māori residents involve the family/whānau for collective decision making. Support services for Māori are available.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The clinical manager interviewed stated they have a good understanding of including residents and family/whānau in decision making and maintains a complaints file containing all appropriate documentation.</p> <p>There have been four complaints made since the last audit. There is a process in place to manage complaints in accordance with the guidelines set by the Health and Disability Commissioner (HDC), which managers could describe as reviewed in complaints documentation. The complaints were resolved to the satisfaction of the complainants and closed off. There were no trends or patterns identified themes. The complaints process links to the advocacy service. There were no external complaints. The welcome pack includes comprehensive information on the process for making a complaint. Interviews with residents and family/whānau confirmed they have been provided with information on the complaints process. Complaint forms are easily accessible at the entrance to the facility.</p> <p>The complaints process is equitable for Māori. The managers are aware of the preference for face-to-face communication with people who identify as Māori. Residents and family/whānau interviewed</p>

		confirm the management are open and transparent in their communications and staff clearly explained the complaint process, ensuring they knew how to raise any concerns.
<p>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>	FA	<p>Presbyterian Support Otago Aspiring Care Centre is located in Wanaka and is one of nine facilities within the region. They provide care for up to 53 residents. The Cardrona unit is a 32 bed rest home and hospital unit (all dual-purpose beds); Hawea is a 20-bed secure dementia unit, and there is one community palliative care suite.</p> <p>At the time of the audit there were 50 residents in total, with 31 hospital residents (including one resident on an Accident Compensation Corporation [ACC] contract) and 19 dementia level care residents. There were two residents in the dementia unit at psychogeriatric level of care under a special dispensation agreement with Health New Zealand; one resident was due for transfer on the second day of the audit, and the other resident was awaiting to be transferred within seven days. The remaining residents were on the age-related residential care (ARRC) contract. There were no residents at rest home level of care or in the palliative care suite. At the time of the audit, there was no formal notification made to HealthCERT to relinquish the rest home level of care on the certificate; and the new provider confirmed the level of care is to stay on the certificate.</p> <p>The organisation is governed by a Board of eight representatives. The Board meets monthly with several sub-committees, which are Ethics, Governance, Finance and Audit, Clinical Governance, Remunerations and Retirement Villages Limited. All Board members complete an orientation as per policy. There is a wide range of skills and expertise on the Board, including a minister from the Presbyterian Church. There is a well-documented Māori health plan in place. A selection of the Board members demonstrates expertise in Te Tiriti, health equity, and cultural safety. There is Māori representation on the Board.</p> <p>Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and regular resident meetings. The clinical governance advisory group (CGAG) and Board review this feedback to identify barriers to care and improve outcomes for all</p>

		<p>residents through provision of equitable services and minimising any barriers. The organisation's CGAG meets bi-monthly and provides feedback directly to the Board on clinical risks, regulations and legislations. The relevant information from CGAG is fed back to facility managers at the bi-monthly managers meetings and at the bi-monthly Enliven Quality Forum.</p> <p>The strategic plan is set for a three-to-five-year period, with annual reviews and a roadmap for operationalisation, which informs the quality plan and includes the organisation's vision, mission, and values. A business plan for each Directorate is created annually with quarterly reviews and annual reporting to the Board on outcomes. The quality programme 2024-2025 links to the business plan and quality improvement processes contribute to critically analysing processes to improve outcomes for Māori and tāngata.</p> <p>The interim facility manager (a registered nurse) oversees the day to day operations of the facility and has been in the role for 12 months. The interim facility manager work for PSO for the last 18 years in various roles. They report to the general manager Enliven on a variety of operational issues. The clinical manager (who has been in the role for the last five years) provides a monthly quality and wellbeing report to the facility manager. The facility management is supported by the quality advisor and clinical nurse advisor. All are knowledgeable around contractual and legislative requirements. The management team has maintained at least eight hours annually of professional development activities related to managing an aged care facility, through attending regular aged residential care forums/symposiums and online training.</p> <p>The prospective purchaser, Aspiring Care Limited, is a 100% owned subsidiary company of the Aspiring Lifestyle Retirement Village. Aspiring Care Limited has two directors, one being the chairperson and the other, the CEO of the parent company. Both directors of Aspiring Care have extensive governance experience, spanning both the public and private sectors, encompassing healthcare, education and financial. They will be taking over the management contract from PSO. The Board meets monthly and reports directly to the directors of Aspiring Lifestyle Retirement Village.</p> <p>Board members are well versed in governance issues, with Māori</p>
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		<p>representation on the Board. This will be the first aged care facility managed by the Board, although they were always the owners of the building. The clinical manager will remain in their position. The new facility manager will replace the interim facility manager. The new facility manager has worked alongside the interim facility manager for the past three weeks to ensure a smooth handover.</p> <p>The newly appointed facility manager (non- clinical) will work full time and has many years' experiences in hospitality and as a village manager for other aged care providers.</p> <p>The facility manager will have autonomy over the day-to-day operations and the clinical manager will oversee the clinical governance of the facility. There is a clear organisational chart. The staffing will remain unchanged. The prospective purchaser has developed a transition plan with timelines. The prospective purchaser has notified the relevant funder of the proposed ownership and transfer of management responsibilities.</p> <p>A well-known electronic quality system, policies, procedures, and resident management system will be implemented. The provider of the electronic system works with the new purchaser to ensure a smooth transition. Presbyterian Support Otago will support the new owners till 1 August 2025; 24/7 support is available from the external consultant. The proposed date of transition is 1 August 2025. The same supplier contracts will continue to be implemented.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care</p>	<p>PA Low</p>	<p>The quality programme is overseen by the interim facility manager and clinical manager, with additional support provided by the quality advisor and clinical nurse advisor. An annual planner/schedule is implemented that includes timeframes for the completion of internal audits and education. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice. A document control system is in place. Policies are regularly reviewed and electronically available.</p> <p>Internal audits are completed as scheduled, reviewed and signed off by the clinical manager. Any non-conformity or where a re-audit is required, is managed by the clinical manager. There are a range of</p>

<p>and support workers.</p>		<p>meetings held within the facility, including monthly quality meetings/infection control and health and safety, weekly management meetings, RN meetings, and healthcare assistants' meetings. All corrective actions are addressed and signed off at the weekly managers meeting. Although other meetings are held as scheduled, the key elements of the quality programme does not always reflect in the meeting minutes reviewed.</p> <p>Any matters outstanding from previous meetings are addressed and closed off. Meetings include the Enliven Philosophy, which includes a principle for the month. The Enliven Philosophy is person centred and promotes health equity, promoting high quality individualised services for all residents. The clinical manager provides a monthly quality report, with data collated for all key performance indicators (KPI). Data includes ethnicity and is analysed and benchmarked between PSO, national Presbyterian Support Services and aged care providers nationally. Benchmarking data is reported at all meetings and reported to the Board through the CGAG meetings. The results of the quality data is used to critically analyse organisational practices by improving health outcomes for residents. As an organisation, PSO benchmarking results evidence the organisation is below benchmark for most KPIs, except for fractures related to falls. Resident and relative satisfaction surveys are held and evidence overall satisfaction with most aspects of the service. Action plans are created to address areas of lower satisfaction. Quality improvement plans reflect improvement actions related to food services.</p> <p>Staff undergo comprehensive training on Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, which builds their knowledge and awareness of the importance of addressing accessibility barriers. This training, health literature resources and cultural connections ensure that all staff are well-equipped to deliver high-quality healthcare for Māori.</p> <p>Health and safety policies are implemented and monitored by the health and safety committee. There are regular manual handling training sessions for staff. Staff noticeboards keep staff informed on health and safety. Hazard identification forms and an up-to-date hazard and risk register were sighted. Staff and external contractors are orientated to the health and safety programme. The organisation</p>
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		<p>has implemented an electronic system to capture staff incidents and accidents. All resident incidents, accidents and near misses are entered onto the electronic resident management system. The electronic incident reports reviewed were fully completed, with opportunities to minimise risks identified and implemented. Reports are generated and included in KPI data.</p> <p>The interim facility manager and clinical manager were knowledgeable around statutory reporting and there was evidence of prompt notification of serious events. Section 31 notifications, and Severity Assessment Code (SAC) notifications have been completed since the last audit as required. There have been Covid-19 and Influenza-like illness outbreak in June, August, and December 2025.</p> <p>The prospective owner has a documented quality and risk management programme that they plan to implement at Aspiring Care. The purchaser anticipated the implementation thereof will have minimal impact on service delivery. A full suite of policies and procedures will be implemented. The clinical manager will assume responsibility of clinical governance, with support from the current registered nurses. There is also a hazard and risk register that covers identified major risks and a monthly risk register is maintained for many 'more present' risks. There are no legislative compliance issues that could affect the service.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There are policies and procedures that describe safe staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. Staff interviewed reported adequate staffing and support from the clinical manager and registered nurses. Residents and family/whānau interviewed, and resident meeting minutes did not raise staffing issues and confirmed that staff are attentive to resident's needs. There are at least two registered nurses on in the morning and afternoon, and one on night shift for the dual-purpose beds. There is another registered nurse in the dementia unit Monday – Fridays.</p> <p>The clinical and non-clinical rosters reviewed evidence staff are replaced in the event of any absences. Staff reported absences are</p>

		<p>covered by a casual pool and part-time employees. A sufficient number of healthcare assistants are allocated according to the layout and design of the facility to ensure residents' needs are met.</p> <p>The clinical manager provides an on-call service, with support from the contracted general practitioner. The interim facility manager is available for clinical or non-clinical issues after hours. A selection of healthcare assistants are medication competent and assist with certain delegated tasks to support registered nurses in their clinical decision making.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification, with 95% of healthcare assistants having achieved level 3 and above. The completion of the orientation programme provides healthcare assistants with a level 3 Certificate in Health and Wellbeing. The interim facility manager is a Careerforce assessor. There are twelve healthcare assistants allocated to work in the dementia unit, and five have completed the relevant standards; seven are enrolled and meet the requirements of the ARRC.</p> <p>There is an annual education and training schedule; this has been fully implemented to date and covers all mandatory training, as well as a range of topics related to caring for the older person. Staff reported they are provided with training on an online platform, formal face to face and impromptu toolbox training. All staff are required to complete competency assessments as part of their orientation and include hand hygiene, correct use of personal protective equipment (PPE), and manual handling and transfer. Staff who administer medication complete annual medicine competency and a record of completion is maintained.</p> <p>Staff training records showed that they complete training related to Māori health outcomes and disparities, and health equity. Staff interviewed were knowledgeable around these subjects and confirmed that their cultural training is ongoing, with staff having access to online modules and resources.</p> <p>There are 14 RNs employed (eight on casual contracts); six of the RNs are trained and competent in completing interRAI assessments. Registered nurses complete syringe driver training and palliative care</p>
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		<p>training. Registered nurses complete Enliven leadership days.</p> <p>Staff reported a positive work environment, and an employee assistance programme is available to them, when required.</p> <p>The prospective purchasers will be involved in management responsibilities and have appointed a facility manager to oversee the day-to-day operations. The current clinical manager will continue to oversee the clinical governance. The new facility manager was interviewed and stated the current roster with registered nurse and healthcare assistants will remain the same. There are plans to increase non-clinical staff by adding laundry assistants. They plan to provide all staff with education and training consistent with the current training plan documented in the new policies.</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>FA</p>	<p>There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Nine staff files were selected for review, which evidenced recruitment processes are being implemented and includes reference checking, qualifications, employment contract, and job descriptions. A register of practising certificates is maintained for all health professionals. Staff interviewed were knowledgeable around their individual job descriptions, responsibilities, and accountabilities.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice. Competencies are completed at orientation and then as part of the ongoing education plan. The service demonstrated that the orientation programme supports RNs, healthcare assistants, cleaning and laundry staff to provide a culturally safe environment to Māori. Orientation and competency of newly engaged care staff meets the educational requirements of clause D17.5 of ARRC.</p> <p>Staff performances are scheduled and completed as they become due, as sighted in seven staff files; the other two staff were employed less than a year.</p> <p>All staff files were kept secure and confidential. Staff ethnicity data is collected and recorded. The results of annual staff satisfaction survey</p>

		and staff interviews indicate that staff feel supported in their roles. Communication and teamwork were rated positively, and staff feel comfortable discussing any issues with the clinical manager, registered nurses or interim facility manager. The interim facility manager reported that debrief and discussion occur following any incidents.
<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>	FA	<p>All resident records are held securely in the electronic resident management system which is password protected. Each staff role has limited access to information on the electronic system. Staff no longer working within the organisation have their passwords, logins and access to electronic and online systems disabled. Payroll ensure the staff member has been removed from generic PSO systems. All paper-based records are archived and stored securely for 10 years. Electronic systems are backed up regularly and the medication electronic system has battery back up in the event of emergencies. The service is not responsible for the registration of National Health Index numbers.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<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 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. Prospective residents are required to be assessed by the needs assessment and service coordination (NASC) as needing rest home, hospital or dementia level care. A specialist's authorisation for residents requiring dementia level was sighted in three files reviewed.</p> <p>Residents and family/whānau confirmed staff are respectful and communicate well with them during the admission process. Entry would only be declined if a prospective resident does not meet the entry criteria or if there was no bed available. In this case, they are informed and referred to the NASC team. Ethnicity data is captured on facility entry and decline rates. This included specific data for entry</p>

		<p>and decline rates for Māori. Aspiring Care Centre developed links with local Māori to ensure support for Māori individuals and their whānau. The facility can access support from Māori health practitioners, traditional healers, and other organisations through established links in place.</p> <p>When admitted, residents had a choice of general practitioner to oversee their medical requirements.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Eight resident files were reviewed: three residents at dementia level care; and five residents at hospital level of care, including one resident on an ACC contract. An initial assessment is undertaken by a registered nurse on admission and an initial care plan is developed on the same day. The initial assessment is documented in the electronic system and includes the use of validated assessment tools. Within three weeks of admission, an interRAI assessment is completed and a long-term care plan is developed with input from residents, family/whānau, registered nurses, and activities staff. The long-term care plans "getting to know me" are developed by a registered nurse and are holistic, covering physical needs, assistance required with activities of daily living, psychosocial and cultural needs, aspirations and interventions to address medical conditions.</p> <p>The quality advisor confirmed that residents who identified as Māori have a Māori health care plan (sighted) developed, which describes the support required to meet their needs, as sighted during the audit. The quality advisor described removing barriers so all residents have access to information and services required to promote independence, and working alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes. Staff interviewed demonstrated their knowledge of tikanga and cultural safety. Care plans addressed cultural preferences.</p> <p>Residents in the dementia unit have behaviour assessments and behaviour plans completed. The behaviour plans identify associated</p>

	<p>risks and support needed for the resident, including strategies for managing/diversion of behaviours. The long-term care plan includes close to normal routine of the resident's usual pattern of behaviour and behaviour management strategies to assist care staff in the management of resident behaviours across a 24-hour period.</p> <p>Resident files are fully integrated, with all members of the team contributing to progress notes, including physiotherapist, registered nurses, healthcare assistants, general practitioner, and activities staff. Where residents have behaviours of concern, early warning signs are identified and strategies to calm and manage behaviour are documented and made known to all staff. The general practitioner assesses residents within five days of admission. Residents are then reviewed by the general practitioner on a three-monthly routine basis or more frequently if their condition changes. The general practitioner interviewed was complimentary regarding the standard of care delivered and clinical leadership. The contracted medical practice provides an after-hours service. The interim facility manager and clinical manager provide after-hours cover for clinical and operational issues. A physiotherapist completes twice weekly clinics. Contact details for family/whānau are recorded on the electronic system. Family/whānau and enduring power of attorney (EPOA) interviews and resident records evidenced that family/whānau are informed where there is a change in health status.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of residents in the facility and that they have access to the supplies and products they require to meet those needs. Progress notes are entered daily. Staff receive handover at the beginning of their shift. This was sighted and evidenced to be comprehensive in nature. Monthly observations such as weight and blood pressure were completed and are up to date. Monitoring of care is completed as required and stated in the care plans and include weight, behaviour monitoring, and food and fluid management. Neurological observations are recorded following all unwitnessed falls as per policy requirements. There were two stage II pressure injuries on the day of audit. The electronic record demonstrated regular dressing change, monitoring and referral to other health services when required. The wounds recorded on the wound register were minor and were</p>
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		<p>appropriately documented, monitored, and evaluated.</p> <p>Review of resident care occurs six-monthly. This includes input from the clinical manager, registered nurses, healthcare assistants, resident, family/whānau and activities coordinators. The care plan is reviewed to ensure the goals are being met and if there are new goals identified, the care plan is updated. Where short-term needs are identified, such as wounds or infections, as examples, a short-term care plan is developed and implemented.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There are two activity coordinators who provide activity programmes across all levels of care, six days per week. Healthcare assistants support the programme when the activities staff are not working. The activities coordinators have current first aid certificates. The calendar is planned weekly, and input can be accessed by a diversional therapist within Presbyterian Support Otago when required. The calendar includes chair exercises; van outings; word games; bingo; local entertainers; happy hour; church services; and themed events such as mothers/Father's Day, Kings Birthday, and St Patrick's Day. The activity calendar is available throughout the facility on noticeboards within the communal areas and is shared with family/whānau. Each resident has an activities assessment completed. The assessment is completed with the resident and family/whānau and used to develop an individualised plan for all residents.</p> <p>The cultural, social, spiritual and activities section of the long-term care plan is completed within three weeks of admission and reviewed at least six-monthly at the same time as the long-term care plan is reviewed. The resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career and family/whānau connections. The activity programme provides opportunities to participate in te reo Māori, incorporating Māori language in regular activities, entertainment and singing, participation in Māori language week, and Matariki. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities, such as hand massage and book/newspaper reading.</p>

		<p>Activities take place in the communal lounges in each area, where residents and family/whānau can access newspapers, games, puzzles, and specific resources. Residents are encouraged to join in activities that are appropriate and meaningful. There are van drives for residents, outings, and entertainers visiting the residents. Each resident in the secure dementia unit has an individualised daily activity plan and de-escalation/distraction strategies appropriate to them. Family/whānau have contributed to the “getting to know me” assessments. The individualised plans include strategies for distraction and de-escalation to guide staff over a 24-hour period. Residents in the dementia unit were observed joining in with the activity programmes of the day.</p> <p>There are regular resident meetings and family/whānau are invited to attend. Family/whānau interviewed confirmed they find the meetings helpful for finding out what is happening in the facility and have an opportunity to provide feedback if necessary. Residents can provide an opportunity to provide feedback on activities at the meetings, six-monthly reviews, and are encouraged to discuss the programme in an ad hoc manner with staff. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</p> <p>The prospective purchaser is intending to broaden the range of activities on offer to all residents, with a particular focus on those residents in the dementia unit once they have settled into the facility.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Medication management is safe and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. The registered nurse and healthcare assistants interviewed could describe their role regarding medication administration. The service uses blister packs for medication for regular use and ‘as required’ medications.</p> <p>All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Medications are stored securely in both medication rooms. Medication</p>

		<p>trolleys are always locked when not in use. The medication fridges and medication room temperatures are monitored daily. All temperature records reviewed showed that the temperatures are within acceptable ranges. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. Over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the general practitioner and charted on the medication chart. The six-monthly controlled drug physical check and reconciliation has been completed as per required timeframes.</p> <p>Sixteen electronic medication charts were reviewed. The medication charts reviewed confirmed the general practitioner reviews all resident medication charts three-monthly, and each chart has a photo identification and allergy status identified. There were no residents self-administering on the days of audit; however, a process is in place should residents wish to do so in the future. As required medications are administered as prescribed, with effectiveness documented on the electronic medication system and in progress notes. Medication competent healthcare assistants or registered nurses sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use.</p> <p>Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The registered nurses described the process to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.</p> <p>The prospective purchaser confirmed the medication processes in place will remain unchanged.</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>FA</p>	<p>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised and well equipped. A current approved food control plan was evidenced, expiring 11 September 2025. Dry ingredients were decanted into containers for ease of access, with the dispensing date and/or expiry date visible. The four-</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>weekly seasonal menu has been reviewed by the Presbyterian Support Otago dietitian. The head cook is supported by a weekend cook and kitchen hands. All kitchen staff have completed safe food handling.</p> <p>The head cook receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The head cook (interviewed) is aware of resident likes, dislikes, and special dietary requirements and resident profiles had been reviewed and updated as required. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents have access to nutritious snacks at any time of the day or night. On the day of audit, meals were observed to be well presented. The kitchen staff interviewed confirmed their understanding of tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. The head cook is familiar with dietary preferences for Māori residents.</p> <p>The service uses an electronic system to record monitoring of temperatures. Daily records include fridge and freezer temperatures recordings in kitchen and storage areas. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained, as evidenced on completed records.</p> <p>Meals are served directly to rest home residents from a bain-marie. Residents were observed enjoying the social aspect of the midday meal. Staff were observed respectfully assisting residents with meals in the dining areas. Modified utensils are available for residents to maintain independence with eating as required. The residents and family/whānau interviewed gave mixed reviews about the food service and choice of meals provided. They can offer feedback at the resident meetings, through resident surveys and are encouraged to raise any issues in an ad hoc manner to any staff member.</p> <p>The prospective purchaser confirmed there will be no immediate changes made to the menu; however, they plan to review the food service and menu to include more options once they have settled into</p>
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		the facility.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a higher level of care. Discharge and transfer are generally planned processes that are communicated with residents and their family/whānau. Residents/family/whānau are advised of options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested. When residents are transferred to the public hospital, their family/ whānau is informed.</p> <p>Relevant documentation is sent with the resident, including a printout of their current medications, care needs and a copy of enduring power of attorney documents and the "yellow envelope" check list is followed. Where residents wish to be or need to be seen by another health service, a referral is made. Examples of this were sighted in resident files, including referrals to Health New Zealand specialists. Residents attending external appointments are encouraged to be accompanied by their family/whānau, particularly those with dementia. Any risks are communicated to the external health provider by the registered nurse and documented in the file.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building holds a current warrant of fitness through to 30 September 2026. There is a maintenance person who works two days per week and a dedicated gardener. The maintenance person completes day to day repairs and planned maintenance. There is a maintenance request book for repairs and maintenance requests in the nurses' station. This is checked regularly and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (last completed May 2025). Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occurs as per policy. Records reviewed evidenced acceptable temperatures. Essential contractors/ tradespeople are available 24 hours a day as required. Calibration of medical equipment was confirmed to have occurred as planned.</p>

		<p>The building is a single level building, with easy access to the spacious external gardens. There is outdoor furniture and shade available. The facility has wide corridors with handrails for residents to safely mobilise using mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The staff interviewed stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans. The facilities furnishings, floorings and equipment are suitable to meet resident needs.</p> <p>All bedrooms are single occupancy. There are no shared rooms. Each unit has a kitchen, dining area and separate communal lounge areas. The corridors, communal areas and most bedrooms are carpeted. Bathrooms, kitchenette, and service areas have vinyl surfaces. There are adequate storage areas for mobility equipment. All resident rooms are spacious enough to allow residents to move about with mobility aids. Residents and family/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit.</p> <p>There are heat pumps in resident rooms and communal areas. All heaters in resident rooms and communal areas can be individually adjusted to suit individual preferences. All resident rooms have external windows and are well ventilated. The facility has plenty of natural light. All residents interviewed stated they were happy with the temperature of the facility. All but four bedrooms across the facility have ensuites. Communal toilets and showers have a system that indicates if they are vacant or occupied. Fittings, fixtures and flooring is appropriate. The facility shares the van used for residents' outings with the retirement village, who take responsibility for maintaining the registration and warrant of fitness. The van can accommodate a wheelchair.</p> <p>The dementia unit has a large open plan lounge dining room with a small kitchenette, which overlooks the communal area, with no free access to hot water. Electrical equipment is only in use whilst staff are in the vicinity. The secure garden areas are freely accessible to residents, with a safe pathway that provides access for the residents to walk in a loop. Fences are softened by specific plants and due to the height of them, provide barriers to access. An emergency alarm positioned in the open dining area is readily accessible for staff when</p>
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		<p>required.</p> <p>Senior staff interviewed were aware of the process to follow in the event of any planned development for the building, which would require consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori.</p> <p>The prospective buyers have no immediate plans to change the environment; however, they are aware of the requirement to obtain consultation and co design of the environment to ensure they reflect the aspirations and identity of Māori, should the facility be developed further in the future.</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>FA</p>	<p>Disaster and civil defence plans and policies outline 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. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand (dated 30 September 2017). Fire evacuation drills are held six-monthly and were last completed 9 June 2025.</p> <p>Civil defence supplies are stored in identified cupboards and checked regularly. In the event of a power outage, the recently purchased generator will provide alternative essential energy. The kitchen can provide a basic food service, with support of gas hobs and a gas barbeque. There is adequate food supply available for each resident for minimum of three days. There are adequate supplies in the event of a civil defence emergency. The provider has a 5,000-litre tank on site, providing sufficient water supplies to provide residents and staff with three litres per day, for a minimum of three days. Emergency management is included in staff orientation and is included in the ongoing education plan.</p> <p>A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of the maintenance audit. The residents were observed to have their call bells in proximity.</p>

		<p>Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The facility is secured at night, with closed circuit television cameras (CCTV) strategically placed externally and covering the main entrance. Family/whānau are informed of emergency procedures as part of the admission process for their family/whānau. 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.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention control nurse (IPC) has support from the clinical nurse advisor. Infection prevention is discussed in the combined quality forum group. The group has representation from each facility and includes the clinical nurse advisor, who provides support as the infection prevention coordinator across the group.</p> <p>Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually as part of the quality plan. Infection surveillance data is collated monthly and is included in the benchmarking data. Clinical Governance Advisory Group (CGAG) meetings have oversight of the PSO infection control programme. The Board receives reports on progress of quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with IP and AMS two-monthly, and any significant infection events.</p> <p>The service has access to infection prevention support from Health New Zealand.</p> <p>The prospective purchaser has a comprehensive suite of Infection Prevention and Anti-microbial Stewardship Practices, policies and procedures that will be implemented. External expertise has been included in these policies/procedures, which have been reviewed and were deemed appropriate by an IPC expert.</p>
Subsection 5.2: The infection prevention programme and	FA	The infection control manual outlines a comprehensive range of

<p>implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, and training and education of staff. Policies and procedures are reviewed on a regular basis in consultation with the infection control nurses. Policies are available to staff via the intranet.</p> <p>The infection control nurse is the clinical manager, who oversees infection control and prevention across the service and has been in the role for five years. The job description outlines the responsibility of the role. The infection control and antimicrobial stewardship (AMS) 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 electronic quality risk and incident reporting system. A pandemic and outbreak plan is documented as part of the infection control policies. There are sufficient supplies of personal protective equipment available with outbreak kits that are accessible and available to ensure a swift response. Staff stated they received training in pandemic planning in 2024.</p> <p>The CGAG reviewed the PSO infection control programme quarterly. Infection rates are presented at staff meetings and discussed at quality meetings; however, meeting minutes evidence this is not always occurring (link 2.2.2).</p> <p>There are policies and procedures in place around reusable and single use equipment. Reusable medical equipment is cleaned and disinfected after use and prior to next use. Cleaning, infection control and environmental audits are completed to safely assess and evidence that these procedures are carried out. Aseptic techniques are promoted through hand hygiene, and sterile single use wound packs for wound management and catheterisations. The clinical nurse advisor and the infection prevention coordinator have input into the procurement of good quality personal protective equipment (PPE), medical and wound care products, and were involved in the purchasing of equipment for the recently refurbished unit. Expiry dates of equipment and infection control stock are regularly checked.</p> <p>The designated infection control nurse is supported by the PSO clinical nurse advisor. The infection prevention nurse has completed external training, including annual attendance at external workshops held by Health New Zealand. There is good external support from the</p>
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		<p>GP, laboratory, and the clinical nurse advisor. 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. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters and email.</p> <p>The service has hand hygiene posters which incorporate te reo Māori into infection prevention information for Māori residents and visitors. The organisation had educational resources in te reo Māori information around infection control for Māori residents. The clinical manager explained how they ensure participation in partnership with Māori, for the protection of culturally safe practice in relation to infection control and acknowledge the spirit of Te Tiriti. The clinical manager understands the process of involvement, should there be plans for development and ongoing refurbishments of the building.</p> <p>The prospective purchaser will implement the new suite of infection control policies, including the infection control and AMS programme. The clinical manager will continue to assume the responsibility as infection control coordinator.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>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 organisation has antimicrobial use policies and procedures documented. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. The infection control nurse monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Infection rates are monitored monthly and reported to the quality meeting. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p> <p>The prospective purchaser has an antimicrobial policy and will monitor compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication charts, prescriptions and clinical notes, as well as the prescribing patterns of medical practitioners.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of infections is appropriate for the size and complexity of the service. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data includes ethnicity, and is monitored and analysed for trends, monthly and annually. Action plans are required for any infection rates of concern. Infection control audits and five movements of hand hygiene are completed, with corrective actions for areas of improvement. The service receives information from Health New Zealand for any community concerns. Infection control surveillance is discussed at quality, staff meetings and CGAG meetings. Graphs are displayed in the staffroom for staff.</p> <p>Discussion of infection control surveillance as a key element of the quality programme, is not always evidenced in the combined quality/infection control and health and safety, and staff meeting minutes (link 2.2.2)</p> <p>The clinical manager oversees the infection surveillance programme. Infection prevention and control data is shared with the facility's staff, and any recommendations from the GP and external consultants are followed up. Infection prevention and control data, along with any relevant issues, are communicated to residents and family/whānau as needed.</p> <p>There have been three Covid-19/Influenza-like illness outbreaks in 2024. The facility adhered to its outbreak management plan and notified appropriately. Clear communication pathways, including daily outbreak meetings and updates to residents, family/whānau and staff, were implemented. There was sufficient PPE stored, and training sessions were conducted following the outbreak.</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</p>	<p>FA</p>	<p>There are policies documented regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturers' labels and stored in locked areas. Cleaning trolleys are kept secure</p>

<p>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>when not in use and are stored in a locked cupboard, with stock cleaning chemicals. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons and masks are available for staff and they were observed to be wearing these as they carried out their duties on the days of audit.</p> <p>There are sluice rooms throughout the facility. Each sluice room has a sanitiser and a separate handwashing basin, with flowing soap and paper towels.</p> <p>All laundry other than personal clothing and slings are sent off site. Linen is collected from an area designated for dirty laundry and returned to a clean area three times a week. The on-site laundry has a dirty area where laundry comes in to be washed. It then moves to a clean area for drying and folding. Clean linen is returned to linen cupboards on trolleys, while personal laundry is returned in individual baskets. The linen cupboards in each unit were well stocked. Healthcare assistants stated there are plenty of clean linen available during the week. The washing machines and dryers are checked and serviced regularly.</p> <p>The healthcare assistants assist with other laundry tasks. There are cleaners rostered separately to each area. Cleaning and laundry services are monitored through the internal auditing system. When interviewed, laundry and cleaning staff were able to describe appropriate infection control procedures and were observed wearing appropriate PPE. The infection prevention nurse provide support to maintain a safe environment during construction, renovation and maintenance activities.</p> <p>The prospective purchaser confirmed the laundry processes will be done on site, after exploring with the infection nurse and infection control specialist from Health New Zealand all options to maintain a safe environment. Laundry assistants will be employed to oversee all laundry related tasks.</p>
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<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The clinical manager described the focus on maintaining a restraint-free environment. Restraint was understood by the staff interviewed who also described their commitment to maintaining a restraint-free environment. At the time of the audit, there were no residents who were using any form of restraint. There are policy and procedures for restraint minimisation and safe practice that specify the organisation is committed to providing a restraint-free environment. This is supported by the Board.</p> <p>The clinical manager is the restraint coordinator. There is a job description in place that outlines the role. Staff have been educated in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the ongoing education programme. Restraint protocols are covered in the orientation programme for new staff. Restraint use is identified as part of the quality programme and reported at all levels of the organisation.</p> <p>The clinical manager and the multidisciplinary team would be responsible for the approval and use of restraints, should this be required in the future. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or family/whānau as part of the decision-making process. A restraint register would be maintained on the electronic resident management system; the criteria on the restraint register contains enough information to provide an auditable record of restraint should this be required. The clinical manager outlined how the service regularly discusses any resident who may be at risk and outlines the strategies to be used to prevent restraint being required. However, the documentation of these conversations requires improvement (link 2.2.2). Any changes to policies, guidelines, education, and processes are implemented if indicated.</p> <p>The prospective purchaser confirmed governance commitment to eliminate restraint and maintain a restraint-free environment. The prospective purchaser interviewed is well versed with their responsibilities in respect of restraint minimisation and safe practice.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<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>	PA Low	<p>A quality and risk management programme is documented that includes performance monitoring through internal audits and the collection of clinical indicator data. The CM provides a quality report monthly. A meeting schedule is implemented, with meetings that occurred as scheduled. There are a range of meetings held within the facility, including monthly combined quality meetings/infection control and health and safety meetings, weekly management meetings, RN meetings, and healthcare assistants' meetings. All corrective actions are addressed and signed off at the weekly managers meeting. Although other meetings are held as scheduled, the key elements of the quality programme do not always reflect in the combined quality/infection</p>	<p>The content of the meeting minutes do not always reflect discussions related to the key elements of the quality programme (including results of internal audits, corrective actions, infection control and antimicrobial stewardship complaints/compliments, restraint-free strategies, corrective actions, internal audits etc)</p>	<p>Ensure the agenda and content of the meeting minutes reflect discussions/staff collaboration related to the key elements of the quality programme.</p> <p>90 days</p>

		<p>control and health and safety meeting or subsequent meetings.</p> <p>Staff interviewed stated they receive information related to the quality programme at handover and in the form of graphs.</p>		
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.