

# Presbyterian Support Central - Brightwater Home

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Presbyterian Support Central

**Premises audited:** Brightwater Home

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

**Dates of audit:** Start date: 29 May 2025 End date: 30 May 2025

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 48

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Presbyterian Support Central Brightwater Home is owned and operated by the Presbyterian Support Central organisation and is located in Palmerston North. Presbyterian Support Central oversees fourteen aged care facilities across the lower North Island. The home provides care for up to 58 residents requiring rest home, hospital or dementia level of care. There were 48 residents at the time of audit.

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard 2021 and the contract with Health New Zealand. 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, staff, the clinical director, and a general practitioner.

There have been no changes in management since the previous audit. The home is managed by a facility manager, who divides their time between Brightwater Home and a neighbouring Presbyterian Support Central facility. They are supported by a clinical nurse manager, clinical coordinators, an experienced team of care and support staff, the Presbyterian Support Central clinical director, the regional manager, and support staff from head office. There is a documented quality and risk management programme that links to the Presbyterian Support Central - Enliven strategic plan and Brightwater Home business plan. The home embraces the Eden Alternative Philosophy adopted by the organisation across all areas of resident care.

This audit identified improvements required around the building warrant of fitness.

## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Brightwater Home provides an environment that supports residents’ rights and safe care. The service embraces Māori culture, beliefs, traditions, and te reo Māori. Staff demonstrated an understanding of resident rights and obligations. The service works collaboratively to provide high quality, effective services and care for all residents. Residents and family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code) and these are upheld.

Brightwater Home has connections with local iwi and has a Māori health plan documented. A Pacific health plan is in place to ensure culturally appropriate services for Pacific residents. Staff receive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, enhancing their understanding of the Māori worldview. The informed consent process is well understood and implemented by staff. Enduring power of attorney assists residents to make informed choices.

Complaint processes are equitable and resolved in collaboration with family/whānau.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The documented business plan includes a mission statement, values, and operational objectives. The service has effective quality and risk management systems in place that take a risk mitigation-based approach. These systems are in place to meet the needs of the residents and staff. Quality improvement projects are implemented. Internal audits, meetings, and the collection/collation of

data were documented as taking place as scheduled, with corrective actions implemented where applicable. Health and safety processes are in place and led by a registered nurse. Health and safety is a regular agenda item in all meetings. Contractors staff and visitors are orientated to health and safety processes. Human resources policies cover recruitment, selection, orientation, and staff training and development. The staffing policy meets contractual requirements and ensures appropriate skill mixes. An orientation programme is implemented. An in-service education/training programme addresses relevant aspects of care and support, and external training is supported. The service ensures the secure, accessible, and confidential collection, storage, and use of residents' personal and health information.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. There is evidence of family/whānau participation in care and treatment provided. Care plans demonstrate service integration. Resident records included medical notes by the contracted general practitioner, nurse practitioner and other visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed were reviewed by the general practitioner at least three-monthly.

An activities programme is implemented. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, and cognitive abilities and preferences for hospital and rest home level care. There are activities for residents who want to be connected with te ao Māori, and staff members work in ways that ensure the connection is authentically maintained.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. The service has a current food control plan, and the menu has regular dietitian input and oversight. The menu provides for cultural and religious preferences, and food services are in line with tapu and noa.

Planned discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care.

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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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There is a preventative maintenance plan to ensure the plant, equipment and fixtures are safe. Hot water temperatures are checked regularly. There is a call bell system that is appropriate for the residents to use.

Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade.

All bedrooms are single occupancy. All rooms have ensuite and there are additional shared bathrooms and toilet facilities. Rooms are personalised with ample light and adequate heating.

Documented systems are in place for essential, civil defence, emergency, and security services. Staff have planned and implemented strategies for emergency management, including Covid-19. There is always a staff member on duty with a current first aid certificate.

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

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

Subsections applicable to this service fully attained.

The infection prevention and antimicrobial stewardship programmes are tailored to the service's size and complexity, approved by the audit and risk committee, and integrated into the quality improvement system. There is a documented outbreak response plan. The service has adequate resources and personal protective equipment, and staff are appropriately trained. A registered nurse oversees infection surveillance, sharing infection control data with staff, and ensures that the general practitioner recommendations are implemented. Judicial use of antimicrobials is monitored. There have been outbreaks recorded and reported since the previous audit.

Policies and processes for managing waste, infectious, and hazardous substances are implemented. The laundry services are completed on site. The effectiveness of laundry and cleaning processes is monitored via the internal audit system and ongoing management observations.

## **Here taratahi | Restraint and seclusion**

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

Subsections applicable to this service fully attained.

The restraint coordinator is the clinical nurse manager who is a registered nurse. The service is restraint free. Minimising restraint is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

## Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	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>The Enliven Māori Health plan is documented for the service. The plan was developed in partnership with Whanganui kaumātua. This plan acknowledges the Te Tiriti o Waitangi as a founding document for New Zealand and incorporates the Māori Health Strategy, Te Whare Tapa Wha and the Eden Alternative principles.</p> <p>At the time of the audit there were residents who identify as Māori. Staff identifying as Māori were employed. Cultural resources available include residents' rights in te reo Māori, cultural considerations for care and guidelines to assist appropriate communication. The code of conduct, which all new staff sign during their onboarding process, outlines the home's values and provides additional guidance of their responsibilities to provide culturally safe care. The service has formal and informal links with local Māori in place that have been established and are maintained by residents, family/whānau and staff.</p> <p>The Enliven Cultural Advisory Group (CAG) provide organisational support related to improvement of Māori health, equity, and wellbeing. The group is committed to involve residents, family/whānau, Māori staff and elders in the co-creation of policies and resources. The facility manager described an established relationship with local kaumātua and explained the Oranga Kamatua Wellness Map that support</p>

		<p>cultural, spiritual, and emotional needs and reflect the model of Te Whare Tapa Wha. Self-determination, cultural values, and beliefs of Māori residents and family/whānau are documented in the resident care plan. All staff have access to relevant tikanga guidelines. Te reo Māori is encouraged to be used in general conversations. Staff confirmed they have attended cultural training face to face, which was supplemented by online courses.</p> <p>Two managers (facility manager and clinical nurse manager), the Presbyterian Support Central clinical director, four registered nurses (including a clinical coordinator), two healthcare assistants, the administrator, the diversional therapist, the recreation officer, the food services team leader, one laundry assistant and one cleaner and maintenance manager were interviewed. All care staff confirmed their understanding of how the Enliven Māori health model is implemented within service delivery.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The organisation has a comprehensive Pacific health plan based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Code of Residents Rights is available in Tongan and Samoan.</p> <p>There were Pacific residents on the day of the audit. On admission, ethnicity information and Pacific people’s cultural beliefs and practices that may affect the way in which care is delivered, is documented. The service captures ethnicity data electronically. The residents’ family/whānau are encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs are documented in the resident’s care plan and activities plan.</p> <p>There are Pacific staff employed at Brightwater Home. The facility manager stated there is a commitment to foster links with the Pacific community through the work of the Enliven Cultural Advisory Group and their own Pacific staff. The service has a relationship with Niuvaka Pasifika Trust. The work of the CAG includes identifying support needs for Pacific staff and residents, to ensure Pasifika worldview is embraced and equity is promoted.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Code of Health and Disability Services Consumers' Rights (the Code) are included in the information that is provided to new residents' and family/whānau. The facility manager, clinical nurse manager and clinical coordinators discuss aspects of the Code with residents and their family/whānau on admission. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori.</p> <p>Discussions relating to the Code are held during the bi-monthly resident and family/whānau meetings. Six residents (five hospital and one rest home) and three family/whānau (one hospital and two dementia) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the home resident advocacy service is available at the entrance to the facility and in the entry pack of information provided to residents' family/whānau. There are links to spiritual support and links with Kaupapa Māori health providers, delivering a range of family/whānau ora services. Rostered church services are held weekly within the on-site chapel and a chaplain is available twice a week. The registered nurses and healthcare assistants interviewed explained how the service meets the residents' cultural and spiritual needs.</p> <p>Staff received education in relation to the Code at orientation and through the annual education and training programme, which includes understanding the role of advocacy services. Advocacy services link to the complaints process. The Māori Health Strategy adopted by Presbyterian Support Central sets the overarching framework to guide the service to achieve the best health outcomes for Māori. Tino rangatiratanga is acknowledged within the strategic plan to ensure and promote independent Māori decision-making. Presbyterian Support Central has also adopted the four pathways of the original He Korowai Oranga framework as part of their care planning process that reflects Māori mana motuhake.</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>Healthcare assistants interviewed described how they support residents to choose what they want to do. Residents' and family/whānau interviewed confirmed residents are supported to have choice. Family/whānau members are encouraged to be involved in the care of their family/whānau.</p> <p>It was observed that residents are treated with dignity and respect. Residents and family/whānau confirmed the residents are treated with respect. A sexuality and intimacy policy is in place, with training part of the education schedule. Family/whānau interviewed were positive about the service in relation to the values and beliefs of their family/whānau being met. Residents' privacy is ensured, and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with the resident and/or family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified in policy and resident files, church services are held, and spiritual support is available.</p> <p>Te reo Māori is celebrated during Māori language week and evidenced in all aspects of service delivery. Te reo Māori and tikanga Māori is promoted through the availability of resource tools and leadership commitment to make te reo Māori more visible within the organisation. Comprehensive cultural awareness training is provided and covers Te Tiriti o Waitangi, te ao Māori, equity and tikanga Māori. The facility manager outlined how the home celebrates cultural days, incorporating the diverse backgrounds of their staff throughout the year.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Review of documentation and discussion with staff evidenced that cultural sensitivity and inclusivity are central to the philosophy of Brightwater Home. An emphasis is placed upon broadening cultural training for staff that promotes understanding and respect for all cultural identities, ensuring appropriate resources are available that support cultural practices. Staff described the success of the "Celebration of Culture" event, which included residents, family/whānau and staff and was held to celebrate the diverse cultural traditions and customs. The</p>

		<p>residents' rights policy is a set of standards which outlines the behaviours and conduct that is expected for all staff employed at Brightwater Home to uphold. Presbyterian Support Central policies guide staff to prevent any form of discrimination, coercion, harassment, or any other exploitation. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. The staff satisfaction survey outcomes and interviews with staff evidence a positive work environment.</p> <p>Staff complete education at orientation and annually as per the training plan on how to identify abuse and neglect. Staff interviewed confirmed they had learned about institutional racism, how to recognise this and what action to take if issues arise. The residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. There are policies documented and implemented on how to manage residents' property and finances, as confirmed by the administrator.</p> <p>Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with the registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their roles and responsibilities.</p> <p>There are short and long-term objectives in the Presbyterian Support Central engagement with tāngata whenua policy, and the safety and wellbeing framework provides a guide to improving Māori health and leadership commitment to address inequities. Presbyterian Support Central has adopted the four pathways of the original He Korowai Oranga framework as part of their care planning process, that promote wellbeing for Māori. The Eden principles are incorporated in the service delivery to ensure a strengths-based and holistic model is implemented.</p>
Subsection 1.6: Effective communication occurs	FA	Information related to the service and what to expect when entering the

<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>service is provided to family/whānau on admission. Bi-monthly residents and family/whānau meeting minutes identify feedback from residents and follow up by the service to all matters raised.</p> <p>Policies and procedures relating to accident/incidents, complaints, and the open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. All correspondence is recorded in the resident's file. This is also documented in the progress notes. Seven accident/incident forms reviewed identified family/whānau are kept informed, and this was confirmed through the interviews with family/whānau.</p> <p>Contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, all but two residents could speak English. Interpreting for those residents was managed with the support of staff and family/whānau.</p> <p>Non-subsidised residents' family/whānau are advised in writing of their eligibility and the process to become a subsidised resident, should they wish to do so. The family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Health New Zealand specialist services, physiotherapist, clinical nurse specialist for wound care, diabetic nurse, geriatrician, older adult mental health service, aged concern, speech language therapist and dietitian. The clinical nurse manager described an implemented process around providing residents, family/whānau/enduring power of attorneys (EPOAs) with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Residents and family/whānau interviewed confirm they are aware of what is happening within the facility.</p> <p>There are emails and regular newsletters distributed to residents and family/whānau to keep them informed on matters within the facility and organisation.</p>
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<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 to guide informed consent. Seven resident files reviewed included informed consent forms signed by the resident or their enduring power of attorneys (EPOAs). There are general consent forms and forms for Covid-19 and influenza vaccinations on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around the delivery of care. Care staff interviewed could explain how residents are provided with choice and how their own decisions are respected.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance care directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making. Discussions with family/whānau confirmed that they are involved in the decision-making process and in the planning of care.</p> <p>Admission agreements had been signed for all the files reviewed. Copies of EPOAs were in resident files and activation letters where required. The facility manager described how tikanga best practice guidelines are implemented during the informed consent process.</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 complaints procedure is provided to residents and family/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using an electronic complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There has been one complaint received since the previous audit. The matter raised was well known by the service prior to the complaint and was being addressed. The complaints procedure had been followed, and the complainant was satisfied that the issue could be closed. The facility manager explained the complaints process includes an investigation, follow up and replies to the complainant. The complaints process links to the advocacy service.</p> <p>The timeframes of the complaints process reviewed meet the HDC guidelines. When any complaints or concerns are raised, staff are</p>

		<p>informed and advised of any subsequent corrective actions through meetings. There were no external complaints received.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at entry to the facility. Residents and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Family/whānau and are invited to the bimonthly resident meetings. The chaplain fulfils the role of resident advocate where required. The facility manager explained how the complaints process works equally for Māori. The complaints' form within the electronic system captures ethnicity data. Residents and family/whānau interviewed stated the managers are very approachable and always proactive, should they raise any concerns or have any queries.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Brightwater Home is located in Palmerston North and is part of Presbyterian Support Central Enliven. The service provides rest home, hospital and dementia level of care for up to 58 residents with 26 dedicated hospital level beds, plus eight dual-service (rest home and hospital) beds and 24 dementia level of care beds.</p> <p>On day one of the audit, there were 48 residents. Four residents were receiving rest home level care (including one resident on a younger person with physical disability YPD contract), 28 were receiving hospital level care (including two residents on YPD contracts and one resident on an ACC contract), and 16 were receiving care at dementia level. The remaining residents were on the age-related residential care (ARRC) contract.</p> <p>There is an Enliven Board and senior leadership team. There is Māori representation on the Board. The roles and responsibility framework for the Board are documented in the Trust Charter. The Board receives monthly reports related to all aspects of service delivery from the senior leadership team, that include the chief executive [CE], chief financial officer [CFO], chief operating officer (COO), general manager property and general manager business services and sustainability. The Board</p>

	<p>members have completed Mauri Ora orientation. The Board attended cultural training to ensure they can demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety.</p> <p>There are advisory groups that include Quality Advisory Group (QAG), Training Advisory Group (TAG), Cultural Advisory Group (CAG), mini-CAG (Māori only), Eden Advisory Group (EAG), Business Advisory Group (BAG), Recreation Advisory Group (RAG), Nutrition Advisory Group (NAG) and Product Advisory Group (PAG). Advisory groups are compiled of staff, residents, family/whānau and where appropriate (CAG and mini-CAG), iwi and community organisation representation. These groups meet three to four times per year and develop policies and procedures. The senior leadership team are expected to sit on at least one of these groups.</p> <p>The work plan for the Cultural Advisory Group includes identifying support needs for Māori and Pacific staff. The CAG has input into policy development. There is an Enliven Central strategic plan (2024-2025) in place with clear business goals to support their Enliven philosophy. The Enliven principles of care is based on the Eden alternative, that aims to promote positive ageing. The model of care sits within the Enliven framework and incorporates Māori concept of wellbeing – Te Whare Tapa Wha. There are short and long-term objectives in the Presbyterian Support Central Engagement with tāngata whenua policy and Safety and Wellbeing Framework that provides a framework and guide to improving Māori health and leadership commitment to identify barriers to care, address inequities and to promote the wellbeing of Māori and of tāngata whaikaha. Tāngata whaikaha have meaningful representation through bi-monthly family/whānau meetings and annual satisfaction surveys. The management team review the results and feedback to identify barriers to care to improve outcomes for all residents.</p> <p>Brightwater Home has a business plan (2024-2025) that aligns with Enliven overarching strategic plan (2022-2025) and has in place clear business goals to support their Enliven philosophy, including dementia level of care specific goals. The model of care sits within this framework and incorporates the Māori concept of wellbeing – Te Whare Tapa Whā. Site specific goals are regularly reviewed at clinical focused meetings.</p>
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		<p>Clinical governance is provided by the audit and risk committee. The clinical director is responsible for clinical oversight, with support from three clinical advisors, two regional managers, and the audit and risk committee. The quality programme links to the strategic plan and improvements are made where deficits are identified in the service delivery. There are regular managers and clinical nurse meetings where learnings are shared.</p> <p>There have been no changes in management since the last audit. The facility manager divides their time between Brightwater Home and a neighbouring Presbyterian Support Central home. A half day Monday to Friday is spent in each home, with changes made to that schedule as required. The facility manager is a registered nurse with a broad background in aged care in clinical and operational management, and has shared these roles since 2019. The clinical nurse manager is a nurse practitioner (intern) and a nurse prescriber and has worked at Brightwater Home since 2021. The facility manager and clinical nurse manager have exceeded eight hours of training related to leadership topics.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Brightwater is implementing a combined quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data are critically analysed for comparisons and trends to improve health equity. The facility manager provided an example of a report that is generated for this purpose.</p> <p>There is a monthly and annual meeting schedule available. Quality (clinical) meetings and staff meetings provide an avenue for discussions in relation to quality data, health and safety, infection control, complaints received (if any), cultural compliance, staffing, and education. All clinical and staff meetings have occurred as scheduled. Progress with the quality programme/goals has been monitored and reviewed through the monthly clinical meetings. The internal audit schedule for 2024 has been completed and the schedule for 2025 is being implemented. Corrective actions are documented where</p>

	<p>indicated to address service improvements, with evidence of progress and sign off when achieved. Corrective actions are discussed at the clinical meetings and staff meetings.</p> <p>Quality data and trends are documented in the clinical meetings, and these are shared with other staff. Enliven benchmarks quality indicator data against other Presbyterian Support regions. Quality initiatives include the reduction of falls. The employment of a clinical educator has been beneficial in ensuring staff are supported to attend education and progress is documented.</p> <p>The team at Brightwater Home place an emphasis on continuous quality improvement. Recent quality initiatives has seen the introduction of an exercise therapy programme for residents that has resulted in a reduction in falls; broadening of the education delivered to staff regarding management of residents at end of life, which increased staff confidence and knowledge and initiatives introduced further enhanced care of the residents, including when they had passed away; an area of the home which had been used as a storage space was repurposed to be a place for residents and family/whānau to meet and enjoy a quiet space and privacy; and the introduction of a nurse practitioner (intern) on the team has enhanced resident care through consistency of care, early diagnosis and treatment during initial phases of illness, and has accentuated the level of staff training delivered.</p> <p>All staff completed cultural safety training to ensure a high-quality service is provided for Māori. There is a cultural competency package that staff completes as part of their orientation and ongoing training on the electronic education platform. The annual resident and family/whānau satisfaction survey was completed in September 2024. Despite processes implemented to support a high return response, nine survey forms were returned. Feedback was positive, with most areas rating 85 per cent and above. All results were above the 2023 results.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and have been updated. New policies or changes to policy</p>
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		<p>are communicated to staff. Policies are accessible on the Presbyterian Support Central intranet.</p> <p>A health and safety system is in place. Health and safety is part of the monthly clinical and staff monthly meetings. There is a health and safety representative, and they have completed training related to their role. Hazard identification forms and an up-to-date hazard and risk register had been reviewed in April 2025 (sighted). Health and safety policies are implemented and monitored by audit and risk committee. Audits include a hazard identification audit, incident reporting audit and environmental audit; all have been completed. Incident and accident data is collated monthly and analysed. Benchmarking occurs. Results are discussed in the clinical meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow-up by a registered nurse. Family/whānau are notified following incidents. Opportunities to minimise future risks are identified by the clinical nurse manager, clinical coordinators, and registered nurses. The quarterly audit and risk committee meetings report evidence governance commitment to health and safety and staff wellbeing. Discussions with the facility manager and clinical nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications.</p> <p>There has been one Section 31 completed, notifying of an event involving a resident which occurred whilst they were smoking. A severity assessment code (SAC 1) report was made following that event. This event was reported to the Police and was referred to the coroner. The coroners outcome is pending. The event was traumatic for all involved and the facility manager confirmed the home and organisation ensured appropriate support and debriefing was offered and maintained for as long as required.</p> <p>There have been outbreaks since the previous audit, which were appropriately notified to the regional public health unit.</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>FA</p>	<p>There is a staffing and skills mix policy that describes rostering. The roster provides appropriate coverage to meet the clinical and cultural needs of the residents. The home is currently fully staffed, except for</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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>one healthcare assistant required for night shift, which is being recruited for. The facility manager works full time Monday to Friday and divides their time equally between Brightwater Home and a neighbouring Presbyterian Support Central facility. In the absence of the facility manager, the facility is overseen by the clinical nurse manager, with support from the regional manager.</p> <p>On call after-hours support for clinical issues is shared between the clinical nurse manager, and clinical coordinators. The facility manager is on call 24/7 for operational issues.</p> <p>Interviews with healthcare assistants confirmed that their workload is manageable. Absences are covered by current part-time staff, and the casual pool. Agency/bureau are rarely used. Staff, residents and family/whānau are informed when there are changes to staffing levels, as evidenced in meeting minutes and newsletters. Residents and family/whānau stated they feel informed of what is happening within the facility. There are separate cleaning, laundry, recreation, and kitchen staff to perform their duties. Housekeeping staff work seven days per week.</p> <p>There is an annual education and training schedule being implemented. The annual and two-year rotational compulsory training programme is overseen by the facility manager, clinical nurse manager, and on-site educator. The appointment of an on-site educator has seen an increase in education delivered face to face, and numbers of attendees. The clinical nurse manager's qualifications as a nurse prescriber and a nurse practitioner (intern) has further strengthened the education schedule delivered to the care staff across the home. The education and training schedule lists compulsory training which includes cultural awareness training. All staff completed cultural training to reflect their understanding of providing safe cultural care, te ao Māori, equity and Te Tiriti o Waitangi. The training content provided resources to staff to ensure they are up to date on Māori health outcomes and disparities, and health equity.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Eleven healthcare assistants have completed Level four, seven have achieved Level three, and eight have achieved Level two. Eleven healthcare assistants who work in the dementia unit have completed the required</p>
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		<p>training.</p> <p>A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation. All healthcare assistants are required to complete annual competencies in hand hygiene, correct use of personal protective equipment, and moving and handling. A selection of the healthcare assistants complete medication and second checker competencies. A record of completion is maintained on an electronic register. Twelve registered nurses and one enrolled nurse are interRAI competent. All have first aid certificates, and the appropriate medication competency completed.</p> <p>The Enliven intranet has extensive resources (pae ora) relating to Māori health equity data and statistics available to staff. An Employee Assistance Programme (EAP) is available to staff that support staff wellbeing. Staff interviewed were complimentary regarding the level of support provided by management, the team culture and team building opportunities in place.</p>
<p><b>Subsection 2.4: Health care and support workers</b></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 resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored online. Nine staff files were reviewed (two registered nurses (including the clinical coordinator) two healthcare assistants, one recreation officer, one food services team leader, two housekeepers, and one maintenance/property manager) evidenced implementation of the recruitment process, employment contracts, police checking, and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals including registered nurses, general practitioner, and a contracted pharmacist. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation and annually. The service</p>

		<p>demonstrates that the orientation programme supports staff to provide a culturally safe environment for Māori. All staff who had completed one or more years at the facility, had a current appraisal on file.</p> <p>Appropriate systems are followed to ensure any volunteers are appropriately screened and an orientation policy followed. Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Electronic signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room or backed up on the electronic system and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The provider is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p>	<p>FA</p>	<p>Information about the services, accommodation options, and costs are outlined in an information pack. Prior to entry, prospective residents and their family/whānau are invited to meet staff and view the facility. Policies and procedures guide staff in entry criteria and required admission documentation. Residents and family/whānau interviewed confirmed they were given accurate information about the service, and they felt welcome.</p>

<p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>Prospective residents are required to be assessed by the needs assessment service coordination (NASC) team prior to entry. Residents and family/whānau confirmed staff are respectful and communicate well with them. Entry would only be declined if a prospective resident does not meet the level of care provided or there are no empty beds. In this case, they are informed and referred to the NASC team. Data is collated on the numbers of declined entries; this is collated and analysed at head office.</p> <p>The organisation has links with local iwi and there is a process to ensure staff are trained in cultural safety, tikanga and consulting family/whānau in any decision making. Strategies to reduce barriers for Māori entering the service include promotion of the use of te reo Māori in activities and in signage throughout the facility.</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>Seven resident files were reviewed and included: three hospital level residents, including one funded through ACC; one rest home including one resident on a younger person with physical disability (YPD) contract, and three residents from the dementia unit. The registered nurses are responsible for conducting all assessments and for the development of care plans.</p> <p>There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this was documented in progress notes and three to six-monthly care reviews. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan. Te Ara Whakapiri principles are incorporated into end-of-life care.</p> <p>The service uses a range of assessment tools contained in the electronic resident management system to formulate an initial support plan, which is completed within 24 hours of admission. The assessments include dietary details; emotional needs; spirituality; falls risk; pressure area risk; skin; continence; pain (verbalising and non-verbalising); activities; and cultural assessment. Cultural assessments and cultural considerations are included as part of the recreational profile and cultural considerations are woven through applicable sections of the long-term care plan, as evident in the files reviewed.</p>

	<p>Nutritional requirements are completed on admission. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments were identified in the long-term care plan.</p> <p>Long-term care plans had been completed within 21 days for long-term residents and first interRAI assessments had been completed within the required timeframes. Evaluations were completed six-monthly and records the progress towards the goals. Reassessment of risks and changes made to the care plan were evident when there was a change in health condition. InterRAI assessments and other assessments for non-interRAI residents sampled had been reviewed six-monthly. Care plans were comprehensive and holistic. Resident files are integrated, with all members of the care team contributing to progress notes. This includes physiotherapists, registered nurses, healthcare assistants, general practitioner, podiatrists and activities staff. For residents with behaviours of concern, early warning signs and behaviour management strategies are documented and communicated to all staff.</p> <p>Contact details for family/whānau are documented in each resident's file. Interviews with EPOAs and family/whānau, as well as resident records, confirmed that families/whānau are informed of any changes in a resident's health condition.</p> <p>All residents had been assessed by the general practitioner within five working days of admission. The general practitioner service visits routinely weekly and provides out of hours cover. The general practitioner (interviewed) commented positively on the excellent communication and quality of leadership at the facility. The clinical manager is also a nurse practitioner, working under the supervision of the general practitioner, and is able to prescribe medication and assess residents. The expert nursing assessment and review has assisted the prompt review, support and clinical interventions, enabling residents to be cared for in the facility, when previously they have been transferred to the hospital. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified. The service refers to a physiotherapist as required, and a podiatrist visits every six to eight weeks. Specialist services, including mental health, dietitian, speech</p>
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	<p>language therapist, wound care nurse specialist and continence specialist nurse, are available as required through Health New Zealand.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written electronically every shift and as necessary by healthcare assistants and at least weekly by the registered nurses. The registered nurses further add to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family/whānau confirmed the same regarding their whānau. When a resident's condition alters, the staff alert the registered nurse, who then initiates a review with a general practitioner and the nurse practitioner. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner visit, medication changes, and any changes to health status and this was consistently documented on the electronic resident record.</p> <p>There were nine residents with thirteen wounds between them (skin tears, a varicose ulcer and one stage II pressure injury). All wounds reviewed had comprehensive wound assessments, including photographs, to show the progression towards healing. An electronic wound register, and wound management plans are available for use as required. There is access to the wound nurse specialist as needed. Care staff interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Continence products are available, and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use.</p> <p>Healthcare assistants and the nurses complete monitoring charts, including bowel chart, vital signs, weight, food chart, blood sugar levels, neurological observations, and behaviour on the electronic record; reposition charts and fluid intake charts were fully completed when required. Neurological observations were completed for unwitnessed falls, or where there is a head injury as per the policy for the management of falls.</p>
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		<p>Written evaluations reviewed, identified if the resident goals had been met or unmet. The general practitioner and the nurse practitioner review the residents at least three-monthly or earlier if required. Ongoing nursing evaluations are undertaken by the nurses as required and are documented within the progress notes. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds. The general practitioner and nurse practitioner record their medical notes in the integrated electronic resident file.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities team comprises of a qualified diversional therapist (DT) and two recreation officers. Activities are provided seven days a week (9 am – 5 pm) across the service. The programme meets the recreational needs of the residents and reflects normal patterns of life for hospital, rest home level care, and dementia level of care. The programme is flexible to adapt to resident outings and includes impromptu activities.</p> <p>A monthly activities calendar is posted on the noticeboards. The programme allows for resident choice of activity. There is one programme for all three levels of care; the majority of dementia level residents join in the main activities. All interactions observed on the day of the audit evidenced engagement between residents and the recreation team. There are seating areas where quieter activities can occur.</p> <p>There is a chaplain and pastoral volunteers available. Themed days such as Matariki, Waitangi and Anzac Day are celebrated, with appropriate resources available. Cultural themed activities are integrated into the activities programme and include hymns, waiata and quizzes utilising te reo Māori. Staff and residents are encouraged to use te reo Māori and the facility has everyday Māori words, with their meanings prominently displayed in resident areas. Cultural appropriate resources including a Matariki recreation pack, crafts activities, hangi instructions, Māori art colouring, teaching te ao kori and kaumātua designed cookie cutters.</p> <p>A resident life story including the Eden tree of life, oranga kaumātua wellness map and activity profile is completed on admission in</p>

		<p>consultation with the resident and family/whānau (as appropriate). The activities documentation in the resident files reviewed were tailored to reflect the specific requirements of each resident. The residents are involved in decisions that relate to themselves and to what happens in their home.</p> <p>In the files reviewed, the recreational plans had been evaluated six-monthly and updated where required. The service receives feedback and suggestions for the programme through resident meetings and annual resident survey. Residents are provided support by an elder's advocate. The residents and family/whānau interviewed were happy with the variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. Staff (registered nurses, and medication competent healthcare assistants) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided.</p> <p>Staff were observed to be safely administering medications. The care staff interviewed could describe their role regarding medication administration. The service uses pre-packed for regular medication and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. The effectiveness of 'as required' medications is recorded in the electronic medication system.</p> <p>Medications reviewed were appropriately stored in the medication trollies and three medication rooms. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies chosen to be used for residents, must be reviewed and prescribed by the general practitioner.</p> <p>Fourteen electronic medication charts were reviewed. The medication charts reviewed identified that the general practitioner had reviewed all resident medication charts three-monthly, and each medication chart has photo identification and allergy status identified. The medication</p>

		<p>management policies include guidance related to residents who wish to self-administer medications. There were no residents self-administering medication at the time of audit. There are no standing orders in use and no vaccines are kept on site.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. The registered nurses described working in partnership with all residents to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents are involved in their three-monthly medical reviews and six-monthly multidisciplinary reviews. Any changes to medication are discussed with the resident and/or family/whānau.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food services are overseen by a qualified chef. All meals and baking are prepared and cooked on site. All food service staff that are involved in cooking have completed food safety training. The food control plan expires January 2026. The summer and winter menus have been approved and reviewed by a registered dietitian. The food services team leader (interviewed) reviews resident dietary requirements on a report generated from the electronic resident management system. The chef is notified of any dietary changes for residents. The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes, including a section on the international dysphasia diet standardisation initiative (IDDSI) level of food and fluid texture requirements. Swallowing difficulties are recorded on the care plan. The service caters for residents who require texture modified diets, finger foods and other foods. Specialised utensils and lip plates are available as required. Snacks were available as required for residents in the dementia care area.</p> <p>The kitchen is centrally located adjacent to the main dining room. Meals are placed in a bain-marie for serving, with one unit taken to the dementia unit, one to the other hospital area and the other served to residents in the main dining room adjacent to the kitchen. Tray service is available for residents who choose to dine in their rooms. The dining</p>

		<p>rooms are on the side of the kitchen. The dining areas are spacious. The menu is displayed at the dining room door, so residents can easily see what is on the menu for the day. All staff understand the principles of tapu and noa. Staff were observed adhering to tapu and noa consistent with a logical Māori view of hygiene and aligning with good health and safety practices.</p> <p>All perishable foods and dry goods were date labelled. A cleaning schedule is maintained and chemicals were stored safely. Freezer, fridge and end-cooked, reheating (as required), cooling and serving temperatures are taken and recorded daily. Food is probed for temperature and transferred to the hot box until serving, when it is transferred to the bain-marie and served. The internal audit schedule includes a food service audit. The last internal audit in 2025 evidenced 100%.</p> <p>Special equipment such as 'lipped plates' and built-up spoons are available as needs required. Residents and family/whānau interviewed were complimentary of the food services. The chef is involved in the activities theme months, particularly during cultural theme months and celebrations, and the menu is substituted to accommodate cultural meals in line with the theme, supporting residents to have culturally appropriate food, which can be requested.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Planned discharges and transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their family/whānau are involved for all discharges and transfers to and from the service. Residents and their family/whānau are advised of their options to access other health and disability services, social support or kaupapa Māori agencies when required.</p> <p>Transfer notes include advance directives, general practitioner notes, summary of the care plan, and resident's profile, including next of kin. Discharge summaries are uploaded to the electronic resident's file. There is a comprehensive handover process between services.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>The building warrant of fitness expired April 2024, although there has been a process to correct this which staff inform is now complete, there is no documentation to evidence the building warrant of fitness is now up to date. The visual inspection of indoors and outdoors evidence all is well maintained.</p> <p>There is a maintenance request book for repair and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing for compliance (facility and residents), resident's equipment checks, ceiling hoist and ceiling beam maintenance, and call bell checks, calibration of medical equipment, and weekly testing of hot water temperatures. Essential contractors/tradespeople are available as required. Maintenance and calibration of equipment have been completed annually and is up to date.</p> <p>The environment is inclusive of peoples' cultures and supports cultural practices, including Māori art and décor. Resident rooms are refurbished as they become vacant. The corridors are wide with handrails and promote safe mobility. Residents were observed moving freely around the areas with mobility aids. All outdoor areas have seating and shade. The facility is surrounded by landscaped grounds and there are also resident accessible raised garden beds. There is safe access to all communal areas, including safe pathways.</p> <p>All rooms are single occupancy. Two rooms have ensuite facilities. All other rooms have hand basins. There are identified communal and visitor toilets within the facility with privacy locks. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes.</p> <p>The facility is divided into three wings: dual-purpose Tui and Herron wings and a secure dementia unit known as Kiwi wing. There is a centralised foyer/reception area opening onto a spacious lounge and dining room. There is a dining room in the dementia unit and a spacious dining room shared by rest home and hospital residents. There are alternative small lounge areas. Activities take place in the</p>

		<p>lounge areas. There are seating alcoves throughout the facility. There is safe access to gardens. All communal areas are easily accessible for residents with mobility aids. All bedrooms and communal areas have ample natural light and ventilation. There are radiators and heat pumps, which can be individually adjusted.</p> <p>The dementia unit provides a home-like therapeutic environment. The unit is secure, with secure gardens and safe pathways. Outdoor spaces provide opportunity for walking, and gardens are designed to provide for sensory stimulation.</p> <p>There are environmental audits and building compliance audits, which are completed as part of the internal audit schedule. The maintenance audit conducted in August 2024 evidenced 100% compliance. There are no plans for building projects, or further refurbishments; however, if this arises, the organisation are open to the inclusion of local Māori providers to ensure aspirations and Māori identity are included.</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>Emergency management policies, including the pandemic plan, outlines specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The plan includes procedures that guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. Staff complete training in the management of emergencies at orientation and as part of their regular training and education plan.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service (Date approved 1997, amended 5 May 2005). A fire evacuation drill is repeated six-monthly. One fire door was malfunctioning (occurred on the day of audit), emails were sighted reporting the fault to the contractor who was sourcing the part. This was added to the hazard register and all staff were alerted to the fault. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in a garage located close to the central kitchen. The contents are checked monthly. All supplies, including food stores, are checked monthly. In the event of a power outage, there are two back-up generators and gas cooking. There are adequate supplies in the</p>

		<p>event of a civil defence emergency to provide three litres per person, for three days, including a 5000-litre water tank. Emergency management is included in staff orientation and ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors to alert them of who requires assistance. Residents were observed to have their call bells in close proximity. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, and staff complete security checks at night. Visitors are instructed to press the doorbell for assistance. The dementia unit is secure.</p>
<p><b>Subsection 5.1: Governance</b></p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</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>	<p>FA</p>	<p>The infection prevention programme and antimicrobial stewardship programmes (AMS) are appropriate to the size and complexity of the service; they are approved by the audit and risk committee. The facility manager and clinical nurse manager support the infection prevention activities within the service.</p> <p>A registered nurse oversees the infection prevention programme and AMS across the service. The job description outlines the responsibility of the role (5.2.1). The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection prevention and control is linked into the electronic quality risk and incident reporting system. The infection prevention programme is reviewed annually by the Presbyterian Support Central clinical director, with input from the clinical advisors; one of which holds the infection prevention portfolio and infection prevention committees at each site (5.2.2). Infection prevention audits are conducted.</p> <p>Infection and AMS matters are raised at monthly clinical meetings. There was evidence that infection rates are presented at staff meetings. Infection prevention and control data is also reviewed by the regional managers and benchmarked against other Presbyterian</p>

		<p>Support Central - Enliven facilities. Infection prevention and control and AMS is part of the business and quality plans. The governing body receive reports on progress quality and business plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection prevention and AMS monthly.</p> <p>Significant events related to infections and antibiotic use are reported to the audit and risk committee.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The designated infection prevention coordinator is a registered nurse. They are supported on site by the facility manager and clinical nurse manager. Additional support is provided by the clinical director, and clinical advisors (one of whom holds the infection prevention portfolio). The infection prevention programme links to the quality programme, the Presbyterian Support Central (PSC) - Enliven strategic plan and Brightwater Home business plan. The clinical director confirmed the programme is reviewed annually.</p> <p>The infection control coordinator has completed formal infection control training. There are outbreak kits readily available and personal protective equipment (PPE) to support management of a pandemic or outbreak. There are supplies of extra PPE as required. Stock is regularly checked against stock numbers and expiry dates. The infection prevention coordinator is involved in procurement of high-quality consumables, including PPE and wound dressing products.</p> <p>The infection prevention policy outlines an approach to antimicrobial stewardship, pandemic planning, infection control 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 by the PSC clinical director in consultation with infection prevention coordinators. Policies are available to staff. Healthcare assistants and registered nurses ensure their interactions with residents are safe from the infection prevention standpoint through hand hygiene and the use of aseptic techniques to minimise the risk of health-care-associated infections (HAI).</p> <p>There are policies and procedures in place around reusable and single</p>

		<p>use equipment and items. All shared equipment is appropriately disinfected between use. Policy and procedure guides staff to ensure reusable medical equipment is cleaned and disinfected after use and prior to next use. Single use items are not to be reused or remanufactured. The cleaning and environmental audits evidence the service assess that these procedures are carried out. The policies acknowledge importance of information around infection prevention for Māori residents and tikanga are implemented in relation to infection prevention practices. Information is available and accessible to staff to provide to residents when required.</p> <p>Culturally safe practices and cultural considerations are included in the infection prevention programme. The infection prevention policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention is part of staff orientation and included in the annual training plan. Residents and family/whānau are kept informed and updated on any infections and the progress thereof. There were early-stage consultations with the audit and risk committee and infection prevention consultation when changes occurred to the building and plant.</p> <p>There are hand sanitisers, and flowing soap available for implementation of good hand hygiene, with information in poster form reminding everyone of the importance of hand washing.</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>	<p>FA</p>	<p>The service has antimicrobial use policy and procedures and provides guidance on monitoring of compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting and staff meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antimicrobial use and the effectiveness are monitored by the Presbyterian Support Central - Enliven general practitioners and clinical pharmacist. The infection prevention coordinator completes a quarterly AMS report.</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>Infection surveillance is an integral part of the infection prevention programme and is described in the Presbyterian Support Central - Enliven infection prevention manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly and annually. Infection surveillance is discussed at clinical meetings. Any infections of concern are discussed and escalated to the audit and risk committee. The service is incorporating ethnicity data into surveillance methods.</p> <p>Internal and external benchmarking is completed. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement. The service receives information from Health New Zealand for any community infection concerns.</p> <p>All residents with infections have a documented plan with appropriate interventions documented. Residents and family/whānau are kept informed of the progress on any infections. There have been four outbreaks recorded in 2024. The last one was October-November, with 15 residents affected. Outbreak reports and debrief meeting minutes sighted. All have been reported appropriately, and appropriate risk management systems were put in place to minimise the exposure to other residents, staff and public.</p> <p>Visitors are asked not to visit when unwell.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard and on the cleaning trolley. The cleaning trolley is locked in the cleaner's chemical room when not in use.</p> <p>Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for</p>

<p>safe and easily accessible.  As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>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. There are two sluice rooms with stainless-steel benches, a sink for handwashing and eye protection was available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of all chemicals.</p> <p>All laundry is processed at Brightwater Home. A visual inspection of the laundry at Brightwater Home was completed. There is a laundry manual available. There is a clear clean and dirty flow within the laundry. Laundry chemicals are automatically dispensed. The machines and dryers are serviced by an approved contractor. The laundry service is provided seven days a week till 2.00 pm.</p> <p>The linen cupboards were well stocked and linen sighted were in good condition. Cleaning and laundry services are monitored through the internal auditing system; the effectiveness of the outcomes are documented. Internal audits related to waste management, environmental cleanliness and laundry processes are overseen by the infection prevention coordinator.</p> <p>Cleaning and laundry services are provided seven days a week. Cleaning and laundry staff stated they had been orientated sufficiently to their roles, were knowledgeable about infection prevention practices, and had sufficient equipment and support to complete their tasks.</p> <p>The infection prevention coordinator would take responsibility for providing support to maintain a safe environment during any renovation and maintenance activities.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without the use of restraint wherever possible. The safe restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau and residents, and the choice of device must be the least restrictive possible. The restraint coordinator described ways the service would work in partnership with Māori, to promote and ensure services are mana enhancing if restraint were being considered in the facility.</p>

		<p>At the time of the audit, the facility was restraint free. The use of restraint (if any) would be reported in the staff meetings. The restraint coordinator interviewed described the focus on maintaining a restraint-free environment. Efforts to continue to maintain a restraint-free environment is reported through monthly reporting to the senior team.</p> <p>Restraint minimisation is included as part of the mandatory training plan and orientation programme in the form of a self-learning package. The safe restraint policy and the Enliven organisational plan both identify the organisations approach to eliminating restraint. Reports to governance include restraint use. Restraint use is benchmarked and link to operational goals of reducing and eliminating restraint.</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 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	There is a maintenance request book for repair and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing for compliance (facility and residents), resident's equipment checks, ceiling hoist and ceiling beam maintenance and call bell checks, calibration of medical equipment, and weekly testing of hot water temperatures. Essential contractors/tradespeople are available as required. Maintenance and calibration of equipment have been completed annually and is up to date. The building warrant of fitness expired April 2024.	There is no current building warrant of fitness in place.	<p>Ensure that the building has a current warrant of fitness.</p> <p>60 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.