

Aberleigh Rest Home Limited - Aberleigh Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

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| Legal entity: | Aberleigh Rest Home Limited |
| Premises audited: | Aberleigh Rest Home |
| Services audited: | Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care |
| Dates of audit: | Start date: 12 June 2025 End date: 13 June 2025 |
| Proposed changes to current services (if any): | None |
| Total beds occupied across all premises included in the audit on the first day of the audit: | 58 |

Executive summary of the audit




Introduction

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

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

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

Key to the indicators

| Indicator | Description | Definition |
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|  | 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 |
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| | 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

Dementia Care New Zealand (DCNZ) Limited is the parent company of Aberleigh Rest Home Limited. The service provides rest home, hospital, dementia, and psychogeriatric levels of care for up to 62 residents. At the time of the audit there were 58 residents.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and the contract with Health New Zealand Te Whatu Ora. The audit processes included observations; a review of organisational documents; staff and resident files; and interviews with residents, family/whānau, staff, management, a general practitioner and a nurse practitioner, and a member of Health New Zealand Mental Health for Older Person's team.

The service is managed by a clinical manager, who is supported by an operations manager, regional clinical manager and the DCNZ management team. Residents and family/whānau reported satisfaction and positivity about the care, services and activities provided.

This certification audit has identified improvements are required around complaint management and staffing.

Ō tātou motika | Our rights

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| Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs. | | Some subsections applicable to this service partially attained and of low risk. |
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Aberleigh Rest Home provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is in place for the organisation. Māori mana motuhake is recognised in all aspects of service delivery, using a strengths-based and holistic model of care. Staff encourage participation in te ao Māori. Staff receive training on Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, enhancing their understanding of accessibility barriers. A Pacific health plan is documented. Policies are in place around the elimination of discrimination, harassment, and bullying. Consent forms are signed appropriately. There is a process documented for the management of complaints.

Hunga mahi me te hanganga | Workforce and structure

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| Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce. | | Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk. |
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The business plan 2024-2025 includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach. These systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits and collation of data were all documented as taking place as scheduled,

with corrective actions as indicated. There are human resources policies which cover recruitment, selection, orientation, staff training and development. There is a Health & Safety programme in place. Hazards are appropriately identified and reported. There is a staffing and rostering policy documented. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential. Residents and family/whānau reported that staffing levels are adequate to meet residents' needs.

Ngā huarahi ki te oranga | Pathways to wellbeing

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| <p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p> | | <p>Subsections applicable to this service fully attained.</p> |
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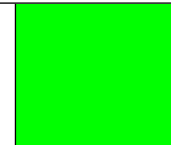
The regional clinical manager and clinical manager efficiently manage the entry process to the service. Admissions are managed by the registered nurses and the general practitioner or nurse practitioner at admission. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated individualised care. The activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner or nurse practitioner.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan. Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

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

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

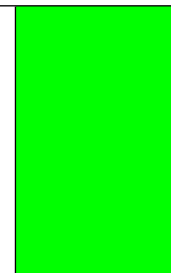


Subsections applicable to this service fully attained.

There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. Appropriate training, information, and equipment for responding to emergencies are provided. Fire drills occur six-monthly. There is always a staff member on duty and on outings with current first aid training. Appropriate security checks and measures are completed by staff. The building holds a current warrant of fitness. All rooms are single occupancy, spacious to provide personal cares, and are personalised. Fixtures, fittings, and flooring are appropriate. Maintenance is done on an 'as required' basis, with plans for preventative maintenance in place. Residents freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. The secure dementia and psychogeriatric units are designed to enable residents' freedom of movement, whilst ensuring they remain safe.

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.

Infection prevention and control management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection prevention control programme is implemented and meets the needs of Aberleigh Rest Home. The

programme provides information and resources to inform staff. Relevant infection prevention and control education is provided to all staff as part of their orientation and then through the ongoing in-service education programme. Infection prevention and control practices support tikanga guidelines. Antimicrobial usage is monitored and reported on.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. The service has a robust pandemic and outbreak management plan in place. The internal audit system monitors for a safe environment. There have been two outbreaks since the previous audit. There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

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| 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. |
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The service is restraint free. This is supported by the governing body and safe practice policies and procedures in place. There were no residents using restraint at time of audit. An assessment approval and monitoring process with regular reviews is in place, should restraint use be required in the future. Restraint minimisation is overseen by the restraint coordinator, who is a registered nurse. Staff receive education in the management of dementia, challenging behaviour, and alternative interventions to restraint.

Summary of attainment

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

| Attainment Rating | Continuous Improvement (CI) | Fully Attained (FA) | Partially Attained Negligible Risk (PA Negligible) | Partially Attained Low Risk (PA Low) | Partially Attained Moderate Risk (PA Moderate) | Partially Attained High Risk (PA High) | Partially Attained Critical Risk (PA Critical) |
|-------------------|-----------------------------|---------------------|--|--------------------------------------|--|--|--|
| Subsection | 0 | 25 | 0 | 1 | 0 | 1 | 0 |
| Criteria | 0 | 166 | 0 | 1 | 0 | 1 | 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 |
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| <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>A Māori health plan and policy are documented for the service which acknowledges Te Tiriti o Waitangi as a founding document for Aotearoa New Zealand. The aim is to co-design health services using a collaborative and partnership model with Māori. At the time of the audit there were residents who identify as Māori. Residents who identify as Māori are supported to maintain their links in the community, as confirmed in interview with the family/whānau and review of care plans. The service has engaged with a cultural advisor who has links through Health New Zealand Te Whatu Ora – National Public Health Service (Te Waipounamu) to provide guidance and support for Māori.</p> <p>The Māori health plan states the organisation actively increase Māori workforce through targeted recruitment, and Māori staff are provided with equal opportunities to develop their knowledge and skills and retain their expertise. There were no staff who identified as Māori employed at the facility. The service has connections with the local marae, who provide guidance and support for Māori peoples.</p> <p>Interviews with eleven staff (two registered nurses, five caregivers, cook, two health and safety reps, and one activities coordinator) described examples of providing culturally safe services in relation to their role. Family/whānau are involved in providing input into the</p> |

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| | | <p>resident's care planning, their activities and their dietary needs. Clinical staff described their commitment to supporting Māori residents and their whānau by identifying what is important to them. This includes their individual values and beliefs enabling self-determination and authority in decision-making, that supports their health and wellbeing.</p> <p>Interviews with the management team (one director, a regional clinical manager, the clinical manager and the operations manager) identified the service and organisation are focused on delivering person-centred care, which includes operating in ways that are culturally safe. The service has provided training on cultural safety which encompassed Te Tiriti o Waitangi based on the guidelines of cultural safety in nursing, Māori operating principles and values, assessment tools, and meeting resident's needs.</p> |
| <p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p> | <p>FA</p> | <p>There is a Pacific health plan in place. The service maintains a link with a local Pacific Island community group through Pacific staff members, to provide cultural support for Pacific staff and residents. The organisation has also engaged with a Pacific advisor who provides guidance and support for Pacific people. At the time of the audit there were no residents who identify as Pasifika. During the admission process, the resident's whānau are encouraged to be present to assist with identification of all needs including cultural beliefs. On enquiry and admission, all family/whānau (EPOA) or their family member provide ethnicity and cultural beliefs information.</p> <p>Individual cultural beliefs are documented for all residents in their care plan and activities plan. Pacific employees can attain their training goals, and all staff are able to provide a culturally safe service. Pacific staff confirmed they are welcomed and supported by management to attain qualifications.</p> <p>Information on cultural safety of Pacific peoples is provided in the orientation programme for all new employees. Expectations regarding cultural practice is documented in employees job descriptions. Data collected for Pacific peoples informs targeted health interventions needed. Staff training ensures a culturally safe service. Interviews with the management team, staff, family/whānau and documentation</p> |

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| | | reviewed identified that the service puts people using the services and family/whānau at the heart of their services. |
| <p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p> | FA | <p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The service ensures that Māori mana motuhake is recognised in all aspects of service delivery, as evidenced in the Māori health plan, interviews with staff, education and training records reviewed, and resident care plans reviewed. The organisation's policies and procedures align with the requirements of the Code. The clinical manager or operations manager discuss aspects of the Code with residents and their family/whānau and at meetings. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Other formats are available, such as information in te reo Māori and Pacific languages. Resident and family/whānau meetings provide a forum for residents to discuss any concerns. The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities.</p> <p>Care plans reflected that residents are encouraged to make choices and be as independent as possible. Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Residents (two hospital and one rest home) and five family/whānau (two hospital, two dementia and one psychogeriatric) interviewed stated they felt residents' rights were upheld, and they were treated with dignity, respect and kindness. The results from the 2024 resident and family/whānau satisfaction surveys reflected a 78.6% and 100% (respectively) agreement with the statement "The service is provided in a manner that respects dignity and privacy".</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</p> | FA | Caregivers and registered nurses interviewed described how they support residents to choose what they want to do and provided examples of the things that are important to residents, which then |

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| <p>respect. Te Tiriti: Service providers commit to Māori mana motuhake. 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>shape the care and support they receive. Family/whānau interviewed reported they are supported to be independent and are encouraged to make a range of choices around their daily life and stated they had choice over what activities they wished to participate in. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. The services annual training plan demonstrates training that is responsive to the diverse needs of people across the service. A sexuality and intimacy policy is in place. Staff receive training on sexuality and intimacy as part of the education schedule. The spirituality policy is in place and is understood by care staff. Staff described how values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans.</p> <p>Spiritual needs are identified, church services are held, and spiritual support is available. Family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. The storage and security of health information policy is implemented. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity. Residents' files and care plans identified resident's preferred names. Te reo Māori is celebrated during Māori language week and Matariki are celebrated. The service has signage in te reo Māori displayed in various locations throughout the facility. The staff noticeboards contain information on Māori tikanga practice. Interviews with management and staff confirmed their understanding of tikanga best practice. All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori. Cultural training is also included in the orientation programme for new staff.</p> |
| <p>Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services</p> | <p>FA</p> | <p>There is a documented abuse and neglect policy. This policy describes how staff ensure the service is free from any form of discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of ethnicities, and cultural days are held to celebrate diversity. 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. The code of conduct (titled 'House Rules') states discrimination, harassment and bullying will not be tolerated. All staff</p> |

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| <p>are safe and protected from abuse.</p> | | <p>are held responsible for creating a positive, inclusive and a safe working environment. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds through an external agency. Professional boundaries are defined in job descriptions.</p> <p>Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries. Professional boundaries are covered as part of orientation. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. During the interview with caregivers, they were all able to describe examples of what neglect and abuse may look like. All family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. This was also supported by the 2024 family/whānau survey. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes are prioritised for all residents. Review of resident care plans identified goals of care, which included interventions to promote positive outcomes. On interview, care staff confirmed an understanding of holistic care for all residents.</p> |
| <p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p> | <p>FA</p> | <p>Aberleigh Rest Home has policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. The service utilises electronic accident/incident forms which has a section to indicate if next of kin/welfare guardians have been informed (or not). The incident reports reviewed evidenced family/whānau were notified on all occasions, progress notes were updated, and care plans reviewed. An interpreter policy and contact details of interpreters is available. Support strategies and interpretation services are documented to assist with communication needs when required. 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. There is a dietitian contracted to support nutritional consultation. The delivery of care includes a multidisciplinary team; the activated enduring power of</p> |

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| | | <p>attorney (EPOA) provides consent and are involved in all decision-making in partnership with the services involved. The regional clinical manager described the process around providing family/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion if required. Family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events/changes through emails, regular newsletters, and meetings.</p> |
| <p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p> | <p>FA</p> | <p>There are policies around informed consent. Resident files reviewed included informed consent forms signed by the resident or their power of attorneys/welfare guardians. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau could describe what informed consent was and their rights around choice. In the files reviewed, there were appropriately signed resuscitation plans.</p> <p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making, where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process and in the planning of care. Admission agreements had been signed in all files reviewed. Copies of enduring power of attorneys (EPOA) or welfare guardians were in resident files where required and had been activated where necessary.</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>PA Low</p> | <p>The organisational complaints policy is being implemented. The complaints policy includes use of te reo Māori and references support for Māori residents to ensure the process works equitably for Māori residents. The operations manager has responsibility for ensuring all complaints (verbal and written) are fully documented and investigated. The operations manager maintains a complaints' register. Concerns and complaints are discussed at relevant meetings. There have been nine complaints received since the last audit in January 2024. Six complaints were received across 2024, including one request for information from the Health and Disability Commissioner (HDC) and two complaints received in 2025 year to date. The complaints reviewed</p> |

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| | | <p>have been acknowledged and investigated; however, there were instances where the guidelines set by the HDC had not been met.</p> <p>Three complaints remain open at the time of audit. Two complaints are under investigation by the service and the third is with the HDC awaiting an outcome. Letters of investigation and outcomes offer advocacy. Discussions with family/ whānau confirmed they are provided with information on the complaints process. Complaints forms and a suggestion box are in a visible location at the entrance to the unit. Those making a complaint can involve an independent support person/advocate in the process if they choose to do so. The operations manager is aware of the preference for face-to-face communication with people who identify as Māori. Residents and family/whānau interviewed confirm the management are open and transparent in their communications and staff clearly explained the complaint process, ensuring they knew how to raise any concerns.</p> |
| <p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | <p>FA</p> | <p>Dementia Care NZ Limited (DCNZ) is the parent company under which Aberleigh Rest Home operates. Aberleigh Rest Home provides rest home, hospital, dementia, and psychogeriatric (PG) levels of care for up to 62 residents. There are five homes: Kowhai (10 dual purpose beds); Ngaio (15 dual purpose beds); Rata (10 dual purpose beds); Koromiko (18 dementia beds); and Matai (nine PG beds).</p> <p>At the time of the audit there were 58 residents in total. There were 16 rest home residents, 19 hospital level residents (including one resident on a long-term support chronic health condition (LTS-CHC) contract), 15 dementia level of care residents (including one resident on respite care), and 8 psychogeriatric level of care residents. Except for the resident on a LTS-CHC contract, and the respite resident, all other residents were under the age-related residential care (ARRC) agreement or age-related hospital specialist services (ARHSS) agreement. There are no double or shared rooms.</p> <p>DCNZ has a corporate structure that includes two directors/owners and a governance team of managers, which includes: an operations management leader, quality systems manager, public relations and marketing manager, clinical advisor, two regional clinical managers</p> |

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| | <p>(North and South Island), and a national training coordinator. The role of Strategic Communication, Engagement and Governance Advisor is in place and guides the governance of the organisation. There are terms of reference for responsibilities at the general meeting and for the clinical governance group that reports to the general meeting. A group of advisors provide guidance to the directors. This includes business advisors, the clinical governance group and customer focus groups. The guidance from this group assists with the direction of the strategic and business plan. DCNZ has engaged a Māori cultural advisor to advise the Board and work in partnership with Māori to ensure updating of policy and procedure within the organisation. This will enhance Te Tiriti partnership, reduce inequity, and improve equality.</p> <p>Policies reviewed demonstrate commitment to the HDSS:2021. The directors and senior management team are knowledgeable of legislative and contractual requirements. Barriers to providing culturally appropriate services are identified and mitigated. A Māori Health Plan and Pacific Health Plan are developed and a review of the intentions of Te Tiriti o Waitangi and the implications of this for the organisation is planned for. There is increasing value placed on Māori tikanga and the use of te reo Māori within the organisation. The governance body monitors key metrics on equity, including the number of staff and residents identifying as Māori. The directors work to ensure that Māori plans and policies are led by Māori, and that Māori residents, whānau and staff members are supported, and the cultural advisor ensures these needs are met. DCNZ has an overarching strategic plan and a related business plan 2024-2025, that is developed in consultation with managers and reviewed annually. The organisation's vision includes acceptance of all people with kindness, love, provision of peace, and comfort.</p> <p>The management team are striving to achieve this vision with openness, honesty, integrity and passion. The strategic plan identifies Māori equity as a principal driver for success, alongside Pacific community inclusion. The strategic plan includes principles associated with rangatiratanga and human rights; manaakitanga wellbeing; whanaungatanga social organisation of whānau, hapu, and iwi; wairuatanga spiritual comprehensive and integrated services; kaitiakitanga guidance; consistent evidence-based services; and</p> |
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| | <p>kotahitanga unity of purpose. DCNZ surveys families/whānau after six weeks of care. In addition, they conduct family/whānau and resident surveys to understand the needs of the different users of the services. Focus groups of residents or their EPOA at each local facility are facilitated by the Strategic Communication, Engagement and Governance Advisor. The objective of these groups is to obtain consumer representative feedback and ideas.</p> <p>Quality improvements are identified at the individual homes and/or organisationally where needed. The feedback from these sources and quality improvements generated are reported through DCNZ general meeting and steps to address issues raised are identified. DCNZ works closely with Health New Zealand services across New Zealand to ensure service provision meets the needs of the local community. Both directors and all DCNZ's management have completed Ngā Paerewa Te Tiriti eLearning modules. The directors and management team also take opportunities for further learning through external advisors and external training. A regional clinical manager supports the clinical manager of each service. Where clinical issues arise, they are considered at the clinical governance meeting, which the regional clinical managers attend. Issues and outcomes from the clinical governance meeting are discussed with the directors and reported through the general meeting.</p> <p>The day-to-day clinical operations is overseen by the clinical manager who is supported by an operations manager, who oversees the non-clinical part of the operations. The clinical manager has been with DCNZ in this role since October 2023. The operations manager has been with DCNZ since 2009, and in their current role since 2014 and reports to the operations management leader. The management team are supported by an experience team of RNs and caregivers. They are also supported by a regional clinical manager, quality systems manager, national training coordinator, and an operations management leader.</p> <p>The clinical manager attended a two-day clinical managers conference in March 2025, that included training around pressure injury/wound care; medication management; Pacific peoples' cultural safety; vision/values; leadership; and communication.</p> |
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| <p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p> | <p>FA</p> | <p>DCNZ is implementing a quality management framework using a risk-based approach to improve service delivery and care. The organisation has a focus on improving health equity through analysis of organisational practices, including the review of policies and processes to ensure all care staff deliver high quality health care for Māori. The cultural advisor ensures that organisational practices from the governance level, down to individual facility operations, improve health equity for Māori. Goals are established and progress reported at all levels of the organisation. The clinical manager and regional clinical manager log and monitor all quality data and report any corrective actions required to achieve compliance where relevant. Quality data reported includes falls, behaviour incidents, bruises, pressure injuries, skin tears, infections, medication errors and restraint use. Data is collated for benchmarking and results reported back to the facility for quality improvement plans if required. Quality initiatives include a focus to promote skin integrity to reduce pressure injuries, pain identification and management, and improving team culture and staff retention.</p> <p>Internal audits reviewed have been completed as per the internal audit schedule. Any corrective actions identified were used to improve service delivery and were signed off when resolved and discussed at staff meetings. Quality data is collected, analysed, and discussed at staff meetings. Resident and family/whānau satisfaction survey are completed annually. The satisfaction surveys completed in 2024 reflected an overall satisfaction of the service being provided, with 100% of family/whānau and 84.6% of residents stating that they would recommend the facility to others. The laundry service rated 100% satisfaction by family/whānau and 92.3% satisfaction by residents. The cleanliness of the facility rated 94% by family/whānau and 100% by residents. Policies and procedures are held electronically and in hard copy. Staff interviewed confirmed they were able to access policies and relevant documentation as and when required.</p> <p>Accident/incident forms are completed electronically. Accident/incident forms reviewed indicated that the forms are completed in full and signed off by the clinical manager. Opportunities to minimise risk are documented. Incident and accident data is collated monthly and reported in the staff meetings. There is a Health & Safety programme</p> |

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| | | <p>in place, including training, hazard identification, incident and near miss reporting, and investigations. Health and safety meetings are held monthly. Hazards are documented and addressed appropriately. Staff received education related to hazard management and health and safety at orientation and annually. There are monthly quality improvement, health and safety committee, infection control committee, resident event analysis management meetings, RN/clinical meetings, and six-monthly restraint review meetings. Meeting minutes and monthly bulletins are available for all staff in the staffroom. Discussions with staff confirmed their involvement in the quality programme.</p> <p>Discussions with the regional clinical manager, and clinical manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 reports since the previous audit in relation to RN shortages, pressure injuries, and residents absconding from the secure environment. There has been no severity assessment code (SAC) reporting required to the Health Quality and Safety Commission. There have been two outbreaks documented since the last audit. These were appropriately notified, managed, reported to Public Health and staff were debriefed after each event to discuss lessons learned.</p> |
| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | <p>PA High</p> | <p>A policy is in place for determining staffing levels and skills mix for safe service delivery and defines staffing ratios to residents. Rosters implement the staffing rationale. The clinical manager and operations manager both work full time from Monday to Friday. The clinical manager provides 24 hours on call for any clinical matters, and the operations manager is on call for any operations related issues.</p> <p>There are five homes in the facility. Kowhai home comprises 10 dual purpose beds; on the days of audit, there were eight hospital residents and one rest home resident. Ngaio home comprises 15 dual purpose beds and on the days of audit, there were six hospital residents and nine rest home residents. Rata home has ten dual purpose beds, with five hospital residents and five rest home residents on the day of audit. Care staff in these homes is as follows: morning shift: four caregivers 7am to 3pm, two caregivers 7am to 12.30pm; afternoon shift: three</p> |

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| | <p>caregivers 3pm to 11pm, three caregivers on short shifts (4pm to 9pm; 4.30pm to 8pm, and 4.30pm to 9pm); night shift: two caregivers.</p> <p>Koromiko home has 18 dementia beds and on the day of audit, there were 15 residents. Care staff in this home is as follows: morning shift: one caregiver 7am to 3pm and one caregiver 7am to 1pm; afternoon shift: one caregiver 3pm to 11pm, and one caregiver 4.30 to 11pm; night shift: one caregiver.</p> <p>Matai home is the psychogeriatric unit and has nine beds, with eight residents on the day of audit. Care staff in this home is as follows: morning shift: two caregivers 7am to 3pm; and afternoon shift: one caregiver 3pm to 11pm.</p> <p>There is a compliment of registered nurses. There are two registered nurses on morning shift and two on the afternoon shift. The registered nurse on night shift is based in Matai home. Should this nurse be required in another part of the facility, a caregiver will provide cover, enabling the registered nurse to leave the unit; however, this arrangement does not meet contractual requirements for a psychogeriatric unit. The provider indicated additional staffing requirements may be prohibitive to continuing supporting this level of services.</p> <p>Care staff interviewed stated there are enough staff on duty to meet the needs of the residents. Family/whānau interviewed stated there were sufficient staff available when they visited. The clinical manager and operations manager stated that the service now has had a full complement of registered nurses. Agency staff are not used.</p> <p>There is an annual education and training schedule which has been implemented and covers all mandatory training, as well as a range of topics related to caring for the older person. The organisation's orientation programme ensures core competencies and compulsory knowledge/topics are addressed. The service employs 35 caregivers and supports them to obtain a New Zealand Qualification Authority (NZQA) qualification. A review of staff records showed that 32 caregivers have achieved the required dementia and PG standards, with three in progress within the 18-month period for completion. The annual training programme exceeds eight hours annually. Training is conducted via zoom and led by the DCNZ educator (also a mental</p> |
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| | | <p>health trained RN). There is an attendance register for each training session and educational topics offered, including: in-services the DCNZ Best Friends dementia training, competency questionnaires, online learning, and external professional development. All senior caregivers and registered nurses have current medication competencies.</p> <p>There are 11 registered nurses, including the clinical manager and two casuals. Six have completed interRAI training and two are being trained. Registered nurses have attended training, including (but not limited to) critical thinking, infection prevention and control, including Covid-19 preparedness, and dementia, delirium and depression. The regional clinical manager provides oversight of the registered nurses and caregivers through regular visits to the facility. There is a range of competencies specific to the employee`s role. There is a schedule in place and a record of completion maintained on an electronic human resources system. Staff are trained and understand the practice of tikanga Māori. Staff also complete cultural safety training and are provided with opportunities to learn about Māori health outcomes, disparities, and health equity trends. The cultural training module equipped staff to be culturally competent to provide high quality care for Māori. Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities. Staff interviewed report a positive supportive work environment.</p> |
| <p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and</p> | <p>FA</p> | <p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are held securely. Eight staff files (one cook, three caregivers, two registered nurses, one clinical manager, one home assistant) were selected for review, which evidence recruitment processes are being implemented and includes reference checking, qualifications, and annual practicing certificates. The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying with a more experienced staff member when first employed. Competencies are completed at orientation and then annually at appraisal. The service demonstrates that the orientation programme supports all staff to provide a culturally</p> |

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| <p>culturally safe, respectful, quality care and services.</p> | | <p>safe environment for Māori.</p> <p>The service collects ethnicity data for employees and maintains an employee ethnicity database. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of current practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacist, physiotherapist, podiatrist, and dietitian). Of the files reviewed, all staff who had been employed for over one year, have an annual appraisal completed. Staff with less than one year of service receive an appraisal following completion of their orientation and at six months of service. Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities. Debrief meetings are held following significant events and outbreaks.</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>There is a document management policy and off-site document storage policy. 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. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely.</p> <p>Residents archived files are securely stored off-site and/or backed up on the electronic system and easily retrievable when required. Other paper documents can be scanned and uploaded in the gallery in the electronic system for reference. There is a document shredder for immediate document destruction. Information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p> |
| <p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose</p> | <p>FA</p> | <p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs</p> |

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| <p>the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p> | | <p>are provided for families/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Eight admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family members and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria are based on the assessed need of the resident and the contracts under which the service operates. The clinical manager is available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process, and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. The service has developed working relationships with Māori through a local marae and health practitioners to improve health outcomes for Māori residents. The service has information available for Māori, in English and in te reo Māori.</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>Eight files were reviewed for this audit: two rest home, two psychogeriatric, two dementia (including one resident receiving respite care), and two hospital level (one of which was under a LTS-CHC contract). The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meetings, where the long-term care plans are reviewed. This is documented in the progress notes and resident records.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. A Māori health plan is in</p> |

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| | <p>place that ensures the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. Of the reviewed files requiring interRAI assessments, these had been completed within required timeframes, with interventions transferred to the long-term care plans. The resident on the LTS-CHC contract also had an interRAI assessment completed. The resident on respite had appropriate assessments and care plan completed. The long-term care plan includes interventions to guide care delivery. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed. Evaluations reviewed documented progress against the set goals. Short-term care plans for infections, weight loss, behaviours, bruises, and wounds were well utilised. Interventions had been transferred to the long-term care plan appropriately. The service have several general practitioners and one nurse practitioner supporting the residents' medical needs. Many residents have retained their own general practitioner. This requires significant resource to ensure all residents are seen acutely or for their three and six-monthly reviews, with the appropriate follow up completed. Files sampled confirmed residents had been admitted by either a general practitioner or the nurse practitioner within five days of entry.</p> <p>The general practitioner or nurse practitioner reviews each resident at least three-monthly and is involved in the six-monthly resident, family/whānau reviews (multi-disciplinary meetings). An urgent care centre provides service after hours and on the weekend. When this is unavailable, an ambulance is called. The operations manager and/or clinical manager are always available 24/7 for operational and clinical advice and decision making as required. When interviewed, a nurse practitioner expressed satisfaction with the standard of care and quality of nursing proficiency, clinical assessment skills and referrals after hours received from registered nurses. The clinical nurse specialist from the Older Persons Mental Health team (interviewed) advised they continue to work well with the team to improve outcomes for the residents. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist for two hours a week. A</p> |
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| | <p>podiatrist visits five to six-weekly and specialist care services are available as required, including continence advisor, hospice, and wound care specialist nurses.</p> <p>Caregivers and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily by caregivers and registered nurses. The registered nurse further adds to the progress notes if there are any incidents, general practitioner or nurse practitioner visits, or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. Family/whānau interviewed confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the registered nurse, who then initiates a review with a general practitioner or nurse practitioner. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner or nurse practitioner visit, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes sampled.</p> <p>A wound register is maintained. There were two residents with wounds, including one pressure injury (stage II). All wounds were reviewed and had comprehensive wound assessments, wound management plans and documented evaluations, including photographs to show healing progression. The wound care specialist had input to any chronic wounds and the pressure injuries. The registered nurse interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers and registered nurses complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; and repositioning. All monitoring records reviewed evidenced that all monitoring was implemented as scheduled. Review of incident/accident forms evidenced the post fall management protocol was consistently followed. Neurological observations are completed for</p> |
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| | | unwitnessed falls and suspected head injuries according to policy. |
| <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> | FA | <p>There is one organisational diversional therapist (part time) and two activities coordinators, who are undertaking their diversional therapy training with support from the provider. Two caregivers have a dual role as care staff and activities assistants. The activity programme is delivered seven days per week. Activity staff who accompany residents on van outings have current first aid certificates. The programme is supported by the caregivers, various church groups and a variety of entertainers. The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. There is a newsletter which includes the weekly programme, which is delivered to resident bedrooms and placed on noticeboards in all areas. The activity team facilitate opportunities to participate in te reo Māori, incorporating Māori language in entertainment and singing, craft, participation in Māori language week, and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual and emotional needs of the residents. Staff education incorporates the "best friends" approach to dementia training, where the emphasis is placed upon structured and unstructured activities being equally beneficial to the resident. Staff and resident/family/whānau interviews and review of documentation evidenced that the provider places an emphasis on "residents having the freedom to experience life their own way". Comprehensive 24-hour activity plans are in place for dementia residents. Those residents who prefer to stay in their room or cannot participate in group activities, have one-on-one visits and activities such as hand massage, poetry/book reading, and walks around the gardens. The activity programme is flexible and adjusts in response to the residents' emotional responses, with an emphasis on "doing" the activity, not necessarily the success of the activity. It was noted during the period of audit that many residents were engaging in group and one on one activity. Review of the current and previous activity programmes, interview with the activity assistant, caregivers and the clinical manager, plus interview with residents and family/whānau and observation evidenced that the programme is designed to meet the needs of all levels of care at Aberleigh Rest Home.</p> |

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| | | <p>The DCNZ educator summarised what differences are provided within the education and activity programme to ensure staff have the required skills to provide appropriate care for the dementia and psychogeriatric residents. There is a strong focus placed upon maintaining community connections for residents. There are several lounges where residents and families/whānau can watch television and access newspapers, games, puzzles, and specific resources. A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Family is involved in the creation of the activity plans for those residents who are unable to contribute. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment and outings. Activities include exercises; dance, music and movement; crafts; games; entertainers; pet therapy; hand pampering; and cooking. There are twice weekly van drives for outings.</p> <p>There are resident meetings planned monthly. These have occurred as per schedule. The meeting minutes were noted to be placed on the noticeboards for residents and family/whānau to review. Family/whānau are welcome to attend these. Residents and family/whānau are encouraged to provide feedback on activities ad hoc or at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</p> |
| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | <p>FA</p> | <p>Safe medication management is in place that meets legislative requirements. Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. Aberleigh Rest Home uses plastic rolls and blister packs for regular use and pro re nata (PRN) medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Sixteen electronic medication charts were reviewed. The medication</p> |

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| | | <p>charts reviewed confirmed the general practitioner or nurse practitioner reviews all resident medication charts three-monthly. Each chart has photo identification and allergy status identified. There were no residents self-administering medication on the days of audit. The facility follows documented policies and procedures, should a resident wish to administer their medications. PRN medications are administered as prescribed, with effectiveness documented on the electronic medication system. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The registered nurses described the process to work in partnership with residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed and treatment is prioritised to achieve the best health outcomes. Residents and their family/whānau are supported to understand their medications when required. The clinical manager described how they work in partnership with residents to understand and access medications when required. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. The clinical manager and all bar the most recently employed registered nurses, have completed syringe driver training.</p> <p>Medications were stored securely in the medication room reviewed. Medication trolleys were locked when not in use. The medication fridge temperatures are monitored daily. The medication fridge temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use, are prescribed by the general practitioner and charted on the electronic medication chart.</p> |
| Subsection 3.5: Nutrition to support wellbeing | FA | All meals are prepared and cooked on site. The kitchen was observed to be clean, well-organised and well equipped. There was a current |

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| <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>food control plan. Dry ingredients were decanted into containers for ease of access, with all dry goods displaying a decanting and/or expiry date. The four-weekly seasonal menu has been reviewed by a dietitian, with the summary provided to the audit team. The cook is supported by a part-time cook and a part-time kitchen hand. All kitchen staff involved in cooking of food have completed safe food handling.</p> <p>There is a food services manual available in the kitchen. The cook receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The cook (interviewed) is aware of resident likes, dislikes and special dietary requirements. The residents’ profiles were noted to have been reviewed during March/April 2025. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents have access to the menu on noticeboards/whiteboards within the communal areas. Residents have access to nutritious snacks 24/7. On the day of audit, meals were observed to be well presented. Staff interviewed confirmed their understanding of tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff.</p> <p>The cook completes a daily diary, which includes fridge/freezer/chiller temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are transported to the wings in hot boxes. Residents can have their meals in their bedrooms if they prefer. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required.</p> <p>The residents and family/whānau interviewed advised the food service was adequate. Feedback is encouraged at the resident meetings, through resident surveys and by raising issues with staff directly. There is adequate food supply available for each resident for minimum of three days in the event of a civil defence emergency.</p> |
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| <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 or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>When residents wish to be seen or need to be seen by another service, a referral is made. Examples of this were sighted in resident records, including referrals to the Health New Zealand wound clinic and dietitian.</p> <p>Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The clinical manager explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation. Staff escort the resident in the absence of family/whānau.</p> |
| <p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p> | <p>FA</p> | <p>The buildings, plant, and equipment are fit for purpose and comply with legislation relevant to services being provided. There is a current building warrant of fitness. The operations manager confirmed the latest compliance check for the building has been completed and they are awaiting the latest BWOFF certificate. The environment is inclusive of peoples' cultures and supports cultural practices. Maintenance requests are logged into an electronic maintenance log and the operations manager arranges repair with approved contractors. Essential contractors, such as plumbers and electricians, are available 24 hours a day as required. There is an annual maintenance plan that includes electrical testing and tagging, resident's equipment checks, call bell checks, gutter maintenance, calibration of medical equipment, and testing of hot water temperatures that is managed by the operations manager. Hot water temperatures are monitored monthly and where temperatures are below 38 degrees Celsius or above 45 degrees Celsius, a corrective action plan is documented (sighted). Testing and tagging of electrical equipment was completed in February 2025. Checking and calibration of medical equipment, hoists and scales were completed in February 2025. There are adequate storage</p> |

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| | <p>areas for the hoist, wheelchairs, products, and other equipment. The staff interviewed stated that they have all the equipment referred to in care plans to provide care.</p> <p>The facility has five homes within it. Each have homely, open dining/lounge areas with provision of safe purpose-built kitchenettes and allow for the use of mobility equipment. Each home provides outside areas that include seating and shade around the facility. Residents were able to move freely inside and within the outside environments. There are ramps to the outdoors and the paths are maintained. There is safe access to all communal areas and to the outside areas and gardens. The external courtyards and gardens are secure in the dementia and psychogeriatric units and all outdoor areas have seating and shade. The external areas are well maintained and were appropriate to the resident group and setting. The walking paths are designed to encourage purposeful walking around the garden. The service is on one level. There are lounge/dining rooms in each unit within the facility, which are well proportioned and can accommodate the lounge furniture and dining tables. Activities can occur in the lounges and/or the dining area. There is adequate space to allow maximum freedom of movement, while promoting safety for those that walk. There are quiet areas for residents and visitors to enjoy a quieter, low stimulus environment.</p> <p>There are adequate numbers of toilets and showers, with access to a hand basin and paper towels. Some bedrooms have ensembles in each home. Fixtures, fittings and floor and wall surfaces are made of accepted materials for this environment. Communal toilets and showers are well signed and identifiable. There are also staff and visitor amenities. The corridors have sufficient room to allow for safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. All residents' rooms are single and of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids and hoists if required. Residents and family/whānau are encouraged to personalise the rooms, as observed on the day of audit. All resident rooms and communal areas have natural lighting and heating that can be adjusted to suit resident preferences.</p> <p>The service has no current plans to build or extend; however, if that</p> |
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| | | <p>were to change, the directors would liaise with local Māori providers to ensure aspirations and Māori identity are included.</p> <p>The Dementia and PG Homes:</p> <p>The homes have restricted access and exits available, only to specific staff who are given the code for the locked doors. The environment is designed to give residents easy access to all internal and external areas. A small nursing station in the main hub of the homes ensures staff have visibility of the main communal areas of the home and are readily available to residents.</p> <p>The residents have easy access to a well-maintained courtyard, which has been purposefully planted to distract attention away from the secure fences in place. The residents can walk in a loop, which leads back to the main entry point. The home is spacious and has natural lighting, preventing the need for artificial lighting and helping create a homely feeling. There is restricted access to hot water within resident areas and electrical appliances are put away when staff are not using them.</p> <p>All resident rooms were identifiable with the resident name and photos/pictures. There are additional spaces for residents to utilise, which included quiet areas providing activity resources. These areas included different seating options indoors and out, providing seating shade and raised garden beds.</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 procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. The fire evacuation plan has been approved by the New Zealand Fire Service, dated 15 April 2014. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness, with the last fire drill having been completed on 26 March 2025, with a high staff attendance noted. There are emergency management plans to ensure health, civil defence and other emergencies are included. Civil defence supplies are in place. In the event of a power outage, there is a BBQ and gas hobs in the kitchen, should gas cooking be needed. Emergency lighting is available to give staff time to organise emergency procedures. There are adequate supplies in the event of a</p> |

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| | | <p>civil defence emergency, including sufficient water storage (800 litre water towers within the newer extensions and 300 litre tanks provided in the psychogeriatric home), providing three litres per person for three days. Information around emergency procedures is provided for residents and family/whānau in the admission information provided.</p> <p>There is no generator on site; however, the managing director provided confirmation of the plan in place with a local contractor if required. The orientation programme for staff includes fire and security training. Staff interviewed confirmed their awareness of the emergency procedures. Registered nurses, several caregivers and activities team members have a current first aid certificate, ensuring there is a first aid trained staff member on duty at all times. There are call bells in the residents' rooms, communal toilets/bathroom, and lounge/dining room areas. There are display monitors in strategic positions in the hallways, that would indicate where the call bell is coming from and allow to respond. Residents were observed to have their call bells in proximity to their current positions. Family/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secure. There is secure keypad for entry and exit into and out of the dementia and psychogeriatric homes. The doors are set to automatically release in case of fire. The building is secured after hours. Staff complete regular security checks at night. Visitors and contractors are instructed to sign in and complete visiting protocols.</p> |
| <p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p> | <p>FA</p> | <p>Infection prevention and control (IP) and antimicrobial stewardship (AMS) is an integral part of the Aberleigh Rest Homes quality programme, which is linked to the strategic plan to ensure the environment minimises the risk of infection to residents, staff and visitors. Expertise in infection prevention and control and antimicrobial stewardship can be accessed through the clinical governance group, and Public Health. Infection prevention control and antimicrobial stewardship resources are accessible.</p> <p>Any significant events are managed using a collaborative approach involving the infection control team, the regional clinical manager, the GP and the public health team. There is a communication pathway for reporting infection control and antimicrobial stewardship issues to the</p> |

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| | | <p>clinical governance team. The infection prevention coordinator (registered nurse) and clinical manager confirmed any outbreaks are reported immediately.</p> <p>The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service.</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 infection control programme has been developed by the clinical governance group and approved by the directors. The infection control programme is reviewed annually and discussed at infection control meetings. Infection control data is entered electronically, shared at staff meetings, then reported through and reviewed by the clinical governance group. Benchmarking is ongoing within all DCNZ facilities. The infection prevention and control manual include a comprehensive range of policies, standards and guidelines. This includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training and education of staff.</p> <p>Policies and procedures are reviewed by the clinical governance team, who meet regularly to ensure ongoing compliance with standards and regulations. Policies are available to staff. The pandemic response plan is clearly documented to reflect the current expected guidance from Health New Zealand. The infection prevention and control coordinator is the clinical manager. There is a signed job description outlining the responsibility of the role relating to infection control matters and antimicrobial stewardship. The infection prevention and control coordinator have access to support from the infection control specialist at Health New Zealand, the GP/s and public health team. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection prevention control policies and practices.</p> <p>The infection prevention and control audit monitor the effectiveness of education and infection control practices. The regional clinical manager described the pandemic plan and confirmed the implementation of the plan proved to be successful at the times of outbreaks. The infection</p> |

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| | | <p>prevention and control coordinator have input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection control resources, including PPE, were sighted and these are regularly checked against expiry dates. The infection prevention and control resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The infection prevention coordinator and caregivers work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed understood cultural considerations related to infection prevention and control practices. The service has infection prevention and control information available in te reo Māori. Policies and procedures are in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are monitored through the internal audit system.</p> <p>The management team described a clear process of involvement, should there be plans for development and ongoing refurbishments of the building. Infection prevention and control is part of facility meetings. The infection prevention coordinator is committed to the ongoing education of staff and residents, as described in interview. Infection prevention and control is part of staff orientation and the annual training schedule. Staff have completed hand hygiene, skin infections, standard precautions, and personal protective equipment training. Resident education occurs as part of the daily cares. Family/whānau are kept informed of extra precautions required or outbreaks and updated through emails and phone calls. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.</p> |
| Subsection 5.3: Antimicrobial stewardship (AMS) programme and | FA | The service has antimicrobial stewardship policy and monitors compliance of antibiotic and antimicrobial use through evaluation and |

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| <p>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>monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality and staff meetings. Significant events are reported appropriately, following the flow chart outlined within the facility's policy and procedure. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The GPs and clinical manager provide oversight on antimicrobial use within the facility.</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 control programme and is described in the Aberleigh Rest Home's infection prevention control manual. Monthly infection data is collected for all infections based on signs, symptoms and definition of infection. Infections are entered into electronic infection logs. The monthly infection summary (report extracted from the electronic quality system) includes all infections, including organisms and ethnicity. This data is monitored and analysed for trends and patterns by the clinical manager. This information is shared with staff and is entered electronically for all members of the clinical governance. Infection prevention and control surveillance is discussed at facility meetings, as confirmed by staff interviewed and meeting minutes sighted.</p> <p>The regional clinical manager described quality improvement plans are created where required for any infection rates of concern. Short-term care plans are utilised for residents with infections. Internal infection control audits are completed with quality improvement plans created for any gaps identified. Clear culturally safe communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare acquired infection. The service receives information from Health New Zealand for any community concerns.</p> <p>There have been two outbreaks since the last audit, one Covid-19 (May 2024) and a Norovirus outbreak (August 2024). In both outbreaks staff and residents were affected. Logs were maintained regarding who was affected, treatment given and length of outbreak for both events. Appropriate reporting was completed. Staff interview and review of</p> |

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| | | documentation evidenced that debrief meetings were held to discuss what went well, and what improvements will be implemented on the next occasion. |
| <p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p> | FA | <p>Policies are in place regarding chemical safety and hazardous waste and other waste disposal. Chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are stored in a lockable cupboard on the cleaning trolleys and the trolleys are kept in locked cupboards when not in use. Safety data sheets and product sheets are available and are current. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, masks and disposable visors 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 sanitisers, a stainless-steel bench and separate handwashing facilities with flowing soap and hand towels. Staff have completed chemical safety training.</p> <p>A chemical provider monitors the effectiveness of chemicals. The home assistants are responsible for cleaning and were knowledgeable around chemicals, infection control practices, and cleaning practices during outbreaks. There is a laundry on site, with all laundry completed by care staff. There are defined dirty and clean areas. Personal laundry is delivered back to residents' rooms on a covered trolley. Linen is delivered to cupboards by staff and stored appropriately. There is enough space for linen storage. The linen cupboards were well stocked and linen sighted evidenced to be in good condition. The washing machines and dryers are checked and serviced regularly. The operations manager is overseeing the implementation of the cleaning and laundry audits and is involved in overseeing infection control practices in relation to the building.</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</p> | FA | <p>The facility is committed to providing services to residents without use of restraint. Policies and procedures meet the requirements of the standards. Any changes to the restraint policies/procedures are checked against the standards prior to initiating the change. Approval</p> |

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| <p>restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p> | | <p>is sought from the restraint approval group and signed off by the managing director. This would then be discussed at the restraint approval group meeting, which are held six-monthly. The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of restraint method must be the least restrictive possible.</p> <p>If restraint is considered, the facility would work in partnership with the resident and family/whānau to ensure services are mana enhancing. The designated restraint coordinator is a registered nurse. There were no residents using a restraint at the time of the audit and they have remained restraint free since November 2023. Interview with the regional clinical manager and review of documentation confirmed that the continued success of being restraint free is a result of a deeply embedded clinical and ethical framework, proactive engagement, and a culture of continuous improvement. The regional clinical manager interviewed described the restraint-free stance is firmly aligned with the organisation's commitment to uphold resident dignity, promote autonomy, and deliver resident-centred care, particularly for those residents living with dementia and residing in the psychogeriatric home. Restraint minimisation/elimination and safe practice is discussed at the monthly quality meetings. Restraint minimisation training includes resident rights, cultural safety, advocacy, dementia awareness (including best friends) and de-escalation is included as part of the mandatory training plan and orientation programme. Staff complete restraint minimisation training during their onboarding process and this forms part of the annual training schedule.</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) |
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| <p>Criterion 1.8.3</p> <p>My complaint shall be addressed and resolved in accordance with the Code of Health and Disability Services Consumers' Rights.</p> | PA Low | <p>The organisational complaints policy is being implemented. The operations manager has responsibility for ensuring all complaints (verbal and written) are fully documented and investigated. The operations manager maintains a register. Concerns and complaints are discussed at relevant meetings. There have been nine complaints received since the last audit in January 2024, including one from the Health and Disability Commissioner (HDC) and two received in 2025 year to date. All complaints had been acknowledged in the required timeframe.</p> | <p>(i). Two complaints received in 2024 had close out letters sent 32 working days and 38 working days following receipt of the complaint. There was no evidence of a monthly update seen to have been provided to the complainant, informing the investigation outcome would be delayed. It is acknowledged the provider was aware of this delay and had implemented a quality improvement to address the shortfall.</p> <p>(ii). One complaint received in 2024 had a copy of the acknowledgement letter on file; however, there was no copy of the complaint or the close out correspondence.</p> <p>(iii). One complaint received in 2025 did not appear on the complaints register.</p> | <p>(i). – (iii). Ensure complaints are managed in line with the Health and Disability Commissioner guidelines.</p> <p>90 days</p> |

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| <p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p> | <p>PA High</p> | <p>There is at least one registered nurse on duty 24 hours in facility. Across night shift there is one registered nurse who is based in the Matai home (psychogeriatric). There is no caregiver rostered to work in the Matai home during the night shift. Should the registered nurse be required to leave Matai to attend resident/s in any other home, a caregiver stays in Matai home ensuring the home always has a staff member available.</p> <p>The Aged-Residential-Hospital-Specialised-Services-Agreement, D17.3 (b): In your unit there shall be a minimum of one registered nurse and one other care staff member on duty at all times.</p> <p>There is an exception to this requirement outlined in D17.4, shared staff between 10pm and 7am. This clause allows for shared staff where the facility (that includes aged-related residential care) is 50 or less. Aberleigh Rest Home's total certified beds are 62 (58 occupied on day of audit).</p> | <p>Aberleigh Rest Home, with a total of 62 certified beds, does not meet the threshold for shared staffing arrangement between 10pm and 7am, and therefore D17.3 in the ARHSS applies, requiring that in the unit there is a minimum of one register nurse and one other care staff member on duty at all times.</p> | <p>Ensure the psychogeriatric unit is staffed in accordance with the ARHSS.</p> <p>60 days</p> |
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.