

# Many Hands Limited - Cornwall Rest Home

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## Introduction

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

The audit has been conducted by Central Region's Technical Advisory Services Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

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

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

The specifics of this audit included:

**Legal entity:** Many Hands Limited

**Premises audited:** Cornwall Rest Home

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 8 July 2025      End date: 9 July 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:** 27

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Cornwall Rest Home provides care for up to 27 residents rest home level care. On the day of the audit, there were 27 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Health New Zealand. The audit process included a review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, staff, and management.

The managing director/owner is experienced and is supported by a registered nurse and a team of care and support staff. Interviews with residents, and family/whānau were all positive and complimented the management and staff for providing a resident centred service for the community.

This certification audit identified a shortfall relating to service integration,

## Ō tātou motika | Our rights

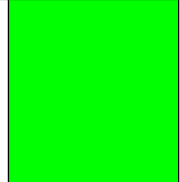
Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service are fully attained.
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Cornwall Rest Home provides an environment that supports resident rights and safe care. Management and staff demonstrate an understanding of residents' rights.

A Māori health plan is documented for the service. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. A Pacific health plan is also in place. Residents receive services in a manner that considers their dignity, privacy, and independence. Residents confirmed that management and staff listen and respect the voices of the residents and effectively communicate with them about their choices.

Care plans accommodate the choices of residents. Details relating to the Health and Disability Commissioner's Code of Health and Disability Services Consumers Rights (the Code) are included in the information packs given to new or potential residents and family/whānau. The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service are fully attained.
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The service is owned and managed by a managing director/owner. Services are planned, coordinated, and are appropriate to the needs of the residents. Cornwall Rest Home has a documented quality and risk management system. A robust health and safety programme is implemented, and hazards are reviewed on a regular basis. Quality data is collected and analysed.

There are human resources policies including recruitment, selection, orientation, staff training and development. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. The staffing policy aligned with contractual requirements and included skill mixes.

Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.</p>
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There is an established entry to service process. Service information is provided to residents and family/whānau upon enquiry and/or prior to admission. Preadmission visits are arranged with the resident and family/whānau and regular updates take place. Consultation is completed with referring agencies regarding entry criteria. Service information is available in accessible formats. Entry to service documentation includes ethnicity data. Decision outcomes include appropriate information to referrers when services are declined. Entry and decline information is documented and reviewed. Partnerships with local Māori community groups and individuals are established to support Māori residents and their whānau to access and/or enter the service in an appropriately supported manner. Staff who identify as Māori are available to support the admission process and appropriate care provision to Māori residents.

Following admission, assessments are completed. The initial plan of support is developed within the required timeframe and guides service provision during the first three weeks following admission. The community assessment documentation is used to identify residents' needs prior to admission and further assessments are completed following admission. The general practitioner completes a medical assessment within the first two days following admission and medical reviews occur thereafter on a regular basis. Should the residents condition present as stable, three-monthly medical reviews are completed with exemption for monthly reviews recorded for each resident concerned. Long term support plans are developed and implemented. Review and evaluation

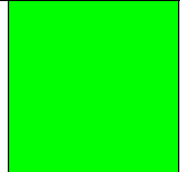
processes are completed at least six monthly or sooner as required with multidisciplinary input. There were processes implemented to ensure that the needs of residents who identify as Māori or Pacific peoples are met.

Handover occurs between shifts and teamwork is encouraged. There were medication management policies and processes in place that align with accepted guidelines and legislation. Medication practice observed onsite met with policy and process requirements. Staff responsible for medication administration have completed training, and annual medication competency assessment.

The activity programme is developed and provides a range of personalised individual and group activities. Links with the community are facilitated.

The food service meets the nutritional needs of the residents. All meals are prepared on-site. Residents and family/whānau confirmed satisfaction with meals provided. There was one area of improvement noted related to service integration.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service are fully attained.
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The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There is a mix of rooms with toilet/handbasin and shared facilities. There are communal toilets and shower rooms with privacy signs. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents. Security checks are performed by staff and security lights are installed externally throughout the facility.

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

<p>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.</p>		<p>Subsections applicable to this service are fully attained.</p>
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The infection prevention and antimicrobial stewardship programmes are appropriate to the size and complexity of the service. Policies, procedures and guidelines support staff to implement the programmes. Accountability for the infection prevention and antimicrobial programmes is provided by the sole registered nurse. Infection prevention and antimicrobial stewardship information is collated, analysed, trended, and reported through an established reporting system to the Quality Assurance Committee, managing director/owner and staff. Antibiotic prescribing is monitored. Monthly surveillance data is reported using the same reporting process. There are organisational infection prevention strategies in place including a pandemic plan. Staff complete required external reports as required. There have been no outbreaks since the last audit.

## Here taratahi | Restraint and seclusion

<p>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.</p>		<p>Subsections applicable to this service are fully attained.</p>
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Restraint minimisation and safe practice policies and procedures are in place. The organisation has made a commitment to a "restraint free environment". The registered nurse leads restraint for the organisation. All restraint decisions are considered with

input from the registered nurse, the general practitioner, family/whānau, managing director/owner and staff. Restraint is considered a last resort after all other alternatives have been exhausted. There have been no recorded incidents of restraint since the last audit. Staff have completed communication training and information related to restraint is available at to all staff. Quality assurance meetings include restraint practice. Staff confirmed a partnership approach would be undertaken with Māori residents regarding restraint and how this would be achieved in practice.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	0	1	0	0
Criteria	0	167	0	0	1	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan policy is documented for the service and was developed with input by local iwi. This policy acknowledges Te Tiriti o Waitangi as a founding document for 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 that identified as Māori. The Māori health plan policy includes commitment to the concepts of Te Whare Tapa Whā Māori model of health, and the provision of services based on the principles of mana motuhake.</p> <p>The managing director/owner identifies as New Zealand Māori. The managing director/owner demonstrated a commitment to working alongside the staff to ensure meaningful implementation of the Māori Health plan. Cornwall Rest Home is committed to providing a service that is responsive and inviting for Māori. The service currently has staff who identify as Māori and actively seeks to employ more Māori staff members. Staff have completed training around cultural safety and Te Tiriti o Waitangi. The provider has long standing working relationships in place with local iwi and Māori organisations within and beyond the health sector</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The plan has been developed with Pacific input. The plan addresses equity of access, reflecting the needs of Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of Pasifika. There were no residents identifying as Pasifika during the audit.</p> <p>The service actively encourages and supports any staff that identifies as Pasifika during the interview process. There were staff that identified as Pasifika at the time of the audit. The service has links with the local Pasifika community through staff linkages and are strengthening relationships within the local community. Individual cultural beliefs are to be documented in the resident's care plan and activities plan. Family members of any Pacific residents will be encouraged to be present during the admission process, including completion of the initial care plan.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Cornwall Rest Home policies and procedures are being implemented and align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families/whānau. The Code is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in the information pack. Resident meetings provide a forum for residents to discuss any concerns.</p> <p>The staff interviewed (six caregivers, one registered nurse, one activities coordinator, one cleaner, and one head cook) confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff have received education in relation to the Code at orientation and through the annual training programme, which includes understanding the role of advocacy</p>

		<p>services. Advocacy services are linked to the complaints process. Staff completed training on advocacy services in 2024.</p> <p>The seven residents and four family/whānau interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness.</p> <p>Staff confirmed their understanding of Māori mana motuhake is as described in the Māori Health Plan. Interactions observed between staff and residents were respectful.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>There are cultural safety policies in place and resources readily available on the electronic resident management system. Resources include policies on consumer rights, diversity and inclusiveness, intimacy and sexuality, and a non-harassment policy. Policies are being implemented that align with the requirements of the Health and Disability Commissioner. Caregivers interviewed described how they arrange their shift to ensure they are flexible to meet each person's needs. Staff are trained around the Code at orientation and through regular in-services.</p> <p>The service recognises Māori mana motuhake, as evidenced in the policy and Māori Health Plan. Cornwall Rest Home delivers training that is responsive to the diverse needs of people accessing services. Training provided in 2024-2025 included sexuality/intimacy; abuse and neglect; privacy/confidentiality; advocacy; tikanga Māori; cultural safety; and Te Tiriti o Waitangi. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The use of te reo Māori is encouraged throughout the service. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relatives' involvement and is integrated into the residents' care plans. Spiritual needs are identified, and residents are supported to access church services. A spirituality policy is in place.</p> <p>The staff described responding to tāngata whaikaha needs and enabling participation in te ao Māori as documented in the Māori Health Plan. Care staff interviewed described how they support residents to choose what they want to do and be as independent as</p>

		they can be. Residents interviewed stated they had choice, and they are supported and encouraged to make a range of choices around their daily life. Residents can choose which activities they participate in, and it was observed that residents are treated with dignity and respect. Satisfaction surveys reviewed confirm that residents and families/whānau are treated with respect.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The abuse and neglect policy is implemented. Cornwall Rest Home policies guide staff to prevent any form of discrimination, coercion, harassment, or any other exploitation. The service is inclusive of all ethnicities and cultural days are held to celebrate diversity. Staff have been provided with education on how to identify abuse and neglect in 2024. Staff are aware of how to value the older person by showing them respect and dignity. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>The service implements the protection of property and finances policy to manage residents' comfort funds, such as sundry expenses. 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 during their onboarding process. Professional boundaries are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are also covered as part of orientation.</p> <p>Staff interviews confirm that they would be comfortable addressing racism with management, if they felt that this was an issue. A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for Māori 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>	FA	<p>An information pack is provided to residents and family/whānau on admission which includes information on the code of resident rights, advocacy services, complaints and information around service provision at Cornwall Rest Home. Residents interviewed stated they</p>

<p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>were comfortable discussing any issues with staff. Residents and family/whānau complete annual surveys, which evidenced overall satisfaction with communication. Family/whānau interviewed felt they are promptly informed of any changes and general practitioner consultations.</p> <p>There are policies and procedures documented relating to accident/incidents, complaints, and open disclosure that inform staff of their responsibility to notify family/next of kin of any accident/incident that occurs. Progress notes in the electronic resident files identified family/whānau are kept informed. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit there were no residents who did not speak English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the hospice, wound care specialist and Health New Zealand specialist services. However, the process in place that ensures the provider is kept updated following any input from the community mental health team requires improvement (Link 3.2.3).</p> <p>The registered nurse described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</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,</p>	<p>FA</p>	<p>There are policies documented around informed consent. The resident files reviewed included informed consent forms signed by either the resident or the activated enduring power of attorney (EPOA) or appointed welfare guardian. Copies of enduring power of attorneys or welfare guardianship were in resident files where required. Certificates of mental incapacity and activation of the EPOA documents were on file for residents where required. Consent forms for Covid-19 and flu vaccinations were also on file where</p>

<p>keep well, and live well.  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>appropriately signed. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy in place.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed for all the files sampled.</p>
<p>Subsection 1.8: I have the right to complain  The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.  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.  As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives on entry to the service. The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori. The managing director/owner maintains a complaint/ compliment register and documents all verbal and written complaints. There were two complaints received in the 2024-2025 period. The complaints reviewed, included evidence of investigation, follow up and reply to the complainant within the timeframes set out by the Health and Disability Commission. There had been no external complaints notified. The managing director/owner advised that complaints are discussed at staff meetings which was confirmed by review of meeting minutes. Discussion included any learnings and corrective actions resulting from complaints.</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are easily accessed. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Residents and relatives making a complaint can involve an independent support person in the process if they choose. This is documented as an option in the outcome letter that is sent to the complainant and includes an online link and phone number to advocacy services.</p> <p>The resident meeting minutes sighted evidenced residents are given the opportunity to provide feedback. The residents and</p>

		<p>family/whānau all reported that any issues residents and relatives have discussed with the managing director/owner directly are dealt with promptly. The managing director/owner and registered nurse implement an 'open door' policy which was confirmed during interviews with staff, residents and family/whānau.</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>Governance of Cornwall Rest Home is provided through the director owner/manager who has a nursing, business, and financial background. The service provides care for up to 27 residents assessed as requiring rest home level care. The facility also holds Health New Zealand Te Whatu Ora contracts for long term support for chronic health conditions (LTS-CHC) respite care and day care. On the day of the audit, there were 27 residents. This included four residents on a long-term chronic health contract (LTS-CHC) and two on respite under accident compensation commission (ACC) funding.</p> <p>The managing director/owner confirmed they were knowledgeable around contractual and legislative requirements. The managing director/owner meets regularly with their accountant to ensure ongoing financial viability. There is a five-year strategic plan which is split into yearly increments in the annual business plan. The strategic plan is reviewed annually and progress towards meeting annual goals are reviewed regularly and updated as required.</p> <p>Clinical oversight is provided by the registered nurse and the director owner/manager alongside of the general practitioner. The managing director/owner confirmed their knowledge of and commitment to supporting the strategies laid down by Manatū Hauora Ministry of Health's 'New Zealand Health Strategy'. Objectives listed in the business plan include a commitment to providing and assisting in the provision of good quality care to all people and to improving the health status of ethnic groups including Māori and Pacific. The annual business plan includes the vision, mission statement, philosophy, and measurable goals. Reporting includes occupancy, finances, health and safety; staffing; infection; quality trend and analysis; and restraint minimisation.</p> <p>The managing director/owner confirmed there is collaboration with</p>

		<p>mana whenua in business planning and service development that support outcomes to achieve equity for Māori, and tāngata whaikaha. The managing director/owner identifies as Māori. The established links in place with local Māori ensures ongoing expert support in te reo Māori and tikanga Māori. The managing director/owner and the team have completed cultural safety training to ensure cultural competency.</p> <p>The managing director/owner has been in the position for seven years and has previous experience in the health and disability sector. They are supported by a registered nurse, (who has been in the role for the last five years) an enrolled nurse and care and support staff.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Cornwall Rest Home has an established quality and risk management system which has been developed by the managing director/owner with input by an external consultant. The quality monitoring programme is designed to monitor contractual and standards compliance and the service delivery in the service. Internal audits have been held according to schedule and any corrective actions identified have been followed up and signed off as completed. The electronic quality management system benchmarks the quality data collated. Quality data is reported to the director/owner in the monthly clinical report completed by the registered nurse. These results are discussed at the staff meetings. Information including graphs and meeting minutes were evidenced as being shared with staff who were unable to attend the meeting.</p> <p>Monthly service meetings have been held according to schedule; Residents' meetings have been held as scheduled. Policies and procedures provided by an external consultant align with current good practice and they are suitable to support rest home care. Policies are reviewed a minimum of two yearly, modified (where appropriate) and implemented. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa Standard are processes that provide a critical analysis of practice to improve health equity. Staff and the managing director/owner have completed</p>

		<p>cultural training including Te Tiriti o Waitangi to ensure all residents are cared for in a culturally sensitive way.</p> <p>Annual resident and relative satisfaction surveys are conducted. The 2024 results have been collated; these have been analysed and results shared at meetings. A review of data evidenced positive results and comments relating to the care and services provided at Cornwall Rest Home. Evidence was provided that results have been collated, analysed and results shared with residents, family/whānau and staff)</p> <p>Health and safety policies are implemented and monitored through the staff meeting schedule. Risk management, hazard control and emergency policies and procedures are in place. The health and safety representative (managing director/owner) was interviewed about the health and safety programme. The service documents incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Incidents and accident forms are completed for all adverse events. Results are collated, analysed, and included in quality data incident data and was evidenced as discussed at the staff meetings. The service currently utilises one electronic system. Discussions with the managing director/owner evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications.</p> <p>There have been Section 31 notifications completed since the last audit in relation to a resident behaviour event. There have been no outbreaks of Covid-19 since the last audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred</p>	<p>FA</p>	<p>There is a staffing guideline that describes rostering requirements. The roster reviewed provides sufficient coverage for the delivery of care. The managing director/owner and the registered nurse work full time from Monday to Friday. They provide clinical and operational support after hours seven days a week. Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Good teamwork amongst staff was highlighted during the caregiver interviews. Staff and residents are informed when there are changes to staffing levels.</p>

<p>services.</p>		<p>An education programme is in place for 2024 - 2025. Training predominantly occurs post the monthly staff meetings. Education in 2024-2025 included manual handling; infection control; outbreak/Covid-19 management; health and safety; hazards; challenging behaviour management, abuse and neglect; and fire drills. The education and training schedule lists all mandatory topics. Staff have been provided with cultural safety training, including Māori equity and Te Tiriti o Waitangi. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Of thirteen caregivers three have completed their level four qualifications, three have completed level three, and four have completed their level two qualification. Competencies are completed by staff, which are linked to the annual in-service schedule. Additional (annual) competencies completed include medication; restraint; hand hygiene; use of personal protective equipment (PPE); fire and emergency training; and cultural safety.</p> <p>The registered nurse and the enrolled nurse are interRAI competent.</p> <p>Support systems promote health care and support worker wellbeing and a positive 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 culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources policies are in place and include recruitment, selection, orientation, and staff training and development. Staff files are held securely in the office. Six staff files reviewed evidenced implementation of the recruitment process, employment contracts, and police checking. There are job descriptions in place for all positions that includes personal specifications, duties and responsibilities, area of work and expected outcomes to be achieved in each position. All files evidenced completed orientation documentation and annual appraisals for those staff who had completed 12 or more months of employment. A copy of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that</p>

		<p>provides new staff with relevant information for safe work practice and includes buddying when first employed. Caregivers interviewed confirmed the orientation programme is sufficient to support them to familiarise themselves with all aspects of their role. Competencies are completed at orientation. The service demonstrates that the orientation programme supports all staff to provide a culturally safe environment for Māori. An employee ethnicity database is maintained. Management and staff reported they have the opportunity to be involved in a debrief discussion to receive support following incidents, to ensure wellbeing support is provided.</p> <p>Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities.</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>	FA	<p>The service utilises an electronic format for resident information and data. All electronic information including policies and procedures, incident/accidents, are backed up and password protected. The resident files are appropriate to the service type however not all files sampled evidenced service integration (Link 3.2). Records are uniquely identifiable, legible and timely. Signatures that are documented include the name and designation of the service provider. Residents entering the service have all relevant information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed at this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p>	FA	<p>On admission residents and their family/whānau are provided written and verbal service information. Staff confirmed they can respond to questions and queries or refer to other services for example needs assessment and service coordination. Comprehensive information was sighted on site in multiple languages, written in plain language, citing key messages including contact details. Staff interviewed reported they could access interpreter services if required and have</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>the information and established process to do so.</p> <p>There were documented entry policies and processes in place and staff interviewed were able to discuss these in detail. Clinical records sampled, and residents interviewed, confirmed that entry requirements were met. Information relating to admission, discharge and decline rates are analysed by the managing director/owner at least monthly. Residents and family/whānau interviewed reported they were treated with respect throughout the admission process and understood the rationale for information required during the process, for example Enduring Power of Attorney (EPOA) status. They also confirmed that any questions raised were answered by staff in relation to admission, including waiting times.</p> <p>Staff interviewed confirmed the process that is undertaken when services are declined including communication with the referrer/ family alongside documentation required. In situations where the residents care requirements are outside the scope of the facility, referral to other health/disability providers is completed. Reassessment and transfers occur in collaboration with the needs assessment and service coordination service.</p> <p>The organisation has established relationships with the iwi of the region including local Māori health providers, organisations, individuals, and communities to ensure appropriate support for tāngata whenua.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>The RN completes admission assessments, interRAI assessments, care plans and care plan evaluations. Initial care plans were developed with the resident, family/whānau and/or EPOA and this was confirmed in interview and file review. Consents were in place, completed and sighted. Staff confirmed data collected during the initial nursing assessments, including dietary needs, pressure injury, falls risk, social history and information from pre-entry assessments completed by referral agencies inform the care plan. Resident plans are managed via an electronic patient management system and this was reviewed. Assessment outcomes support the development of goals and interventions. The care plans reviewed reflected residents'</p>

	<p>strengths, goals, aspirations, and aligned with their individual values and beliefs. Cultural assessments were completed as part of the care plan. Early warning signs and risks that may affect a resident's wellbeing, were documented where applicable in the plan of care and sighted.</p> <p>Documentation reviewed in clinical files confirmed the initial medical assessment was undertaken by the general practitioner (GP) within the required timeframe. Regular reviews were completed within required timeframes or sooner if needed. Where residents' health needs were considered stable, three-monthly reviews were documented appropriately.</p> <p>The GP visits the facility weekly each Friday morning for between 1.5-2 hours. After hours medical care is available through Masterton Medical, and staff confirmed a process to access afterhours medical services.</p> <p>Residents' care was evaluated each shift and documented in the progress notes. An electronic programme is in place to facilitate this process. Long-term care plans were reviewed six monthly following the interRAI reassessments or sooner if needed. Short-term care plans (STCP) were completed for acute conditions. The registered nurse monitors the STCP for completion/resolution and evaluates the plan. All STCPs reviewed were up to date, evaluated or moved into the long-term care plan where required.</p> <p>Care plans were regularly evaluated and documented the degree of progress towards achieving their agreed goals including any family/whānau goals where applicable. Where progress differed from expected, the service, in collaboration with the resident, family/whānau, responded by initiating changes to the care plan. Medical reviews occurred sooner if needed and these were documented with the rationale for review (sighted).</p> <p>Residents' records, observations and interviews evidenced that care provided was consistent with their assessed needs and goals. Family/whānau confirmed being involved in the evaluation process alongside the resident. Staff confirmed their understanding of their responsibilities to support residents and family/whānau and document progress made towards the resident's care plan goals in</p>
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		<p>the progress notes and to the registered nurse.</p> <p>Ethnicity was recorded prior to admission on the needs assessment referral form and recorded for each resident in the resident files (sighted). Each resident's individual cultural needs were recorded in the care plan, all staff contribute to this. At the time of the audit there were two residents identified as Māori who had cultural needs documented. Staff interviewed, including three Māori staff, confirmed Māori residents were provided with culturally appropriate services and reported residents could determine their own needs. Residents interviewed confirmed their cultural needs were met.</p> <p>There were two residents with mental health diagnoses receiving regular community mental health team (CMHT) visits. For both residents' information pertaining to their treatment either prior to or following the visit was not provided by the CMHT to the registered nurse. Treatment for one resident included regular pharmacological treatment which was not recorded in the residents clinical file or medication record. One resident had been transferred to the hospital for acute care in the last month and discharged the same day. Plans for managing residual risk related to the resident's mental health issues generating the hospital admission were not informed by the CMHT. Residential staff reported they felt ill informed about the outcomes of CMHT visits (refer 3.2.3).</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There is an activities coordinator (AC) employed for Monday to Friday 0900- 1630. Caregivers facilitate planned activities across the weekend.</p> <p>The monthly activity plan signed off by the registered nurse was reviewed and included a variety of physical, intellectual, and pleasurable activities for resident groups and individuals. One on one time is provided and includes outings to cafes and shops. The AC has access to resources including a 12-seater van. Staff report this provides opportunity for a variety of experiences including visits in the community.</p> <p>Clinical files sampled across all services evidenced that the residents' strengths, skills, and interests had been assessed and</p>

		<p>were considered when planning care. A whole of team approach was engaged to support the resident's care. During the onsite audit a range of activities occurred across the day.</p> <p>Information was displayed for residents and family/whānau related to community groups.</p> <p>Staff discussed residents leave where this was possible and how this was facilitated.</p> <p>There are two dining room and lounges available to residents with different activities happening in those spaces. Books, puzzles, games and DVDs were available.</p> <p>Staff interviewed confirmed that they had been enabled to complete Māori cultural awareness education. They also advised that they were aware of community activities that supported the cultural needs of the population served. On admission staff document the residents' cultural requirements.</p> <p>Te reo is encouraged and supported by Māori staff and this was observed. Staff interviewed confirmed the involvement of local Māori communities and people. Strategic documents reflect culturally aligned service provision. Cultural activities undertaken include matariki celebrations. A marae visit is planned for October/November 2025.</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>The medication management system was safely implemented, effective, and appropriate to the scope of the service. Up to date medication policies and procedures reviewed guide practice. An electronic medication management system was in place and all staff who administered medicines had current medication administration competency (sighted). A senior caregiver was observed administering medicines according to best practice.</p> <p>Medicine allergies and sensitivities were documented on the resident's electronic medication chart where applicable. No standing orders were in use at the service. The service used pre-packaged medication packs. The medication and associated documentation were stored safely in a locked environment. Medication reconciliation</p>

		<p>occurred as required by the GP. Expired medication or medication no longer in use was stored safely and returned to the pharmacy via an established process. Records were maintained for temperatures for the medicine fridge and the medication room. These were sighted and were within the required range.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff when administering. Weekly and six-monthly stock checks were recorded appropriately in the controlled drug book. Staff confirmed there were no residents self-administering medication. However, appropriate processes were in place to support self-administration for competent residents should they wish to do so. Staff interviewed understood the requirements in relation to self-administration.</p> <p>The medication policy describes use of over-the-counter medications and traditional Māori medications and the requirement for these to be discussed with, and prescribed by, a medical practitioner.</p>
<p><b>Subsection 3.5: Nutrition to support wellbeing</b></p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>There was a Food Control Plan and dietitian informed meal plan in place, current until July 2026. On admission residents’ nutritional needs were assessed in consultation with the residents and family/whānau. Personal food preferences, allergies, special diets, cultural preferences, and food and fluid textures required (for example puree diet) were documented and provided to the kitchen staff. Interview confirmed that should preferences or required diets change, information related to that change was documented and provided to the kitchen staff the same day. Preferences, allergies and special diet information was maintained by kitchen staff and informed the food service. Residents confirmed they were involved in cooking and preparing meals as desired.</p> <p>Kitchen fridge and freezer temperatures were recorded daily by the cook (sighted). Food temperatures were taken and recorded (sighted). Food storage areas were observed and met safe storage requirements. Interview with the cook and observation confirmed all other aspects of food procurement, production, preparation, transportation, delivery, and disposal complied with current</p>

		<p>legislation and guidelines.</p> <p>Meal plans reviewed were seasonally influenced and included a range of meals and snacks available reflecting resident preferences. Residents interviewed reported they could ask for anything they desired, and it was generally catered for. Culturally specific food was available on request or for special occasions. Residents confirmed they had enjoyed culturally requested food provided. Two food services were observed and confirmed residents' meal preferences were upheld. A variety of food/snacks/fluids was provided during the audit and appeared well presented. Residents and family/whānau interviewed expressed a high level of satisfaction with the meals, snacks and beverages provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>There are policies and processes that guide transition, transfer, and discharge of residents. Staff interviewed were aware of the procedures required and discussed these during the onsite audit.</p> <p>Documentation reviewed evidenced that transition, transfer, and discharge was planned and in response to the resident's health and well-being and this was confirmed during staff interviews. The clinical records reviewed and staff interviews undertaken confirmed that the discharge process was facilitated in a timely manner where it was indicated.</p> <p>Staff interviewed were able to discuss other health and disability services and/or social support agencies that were suitable for the residents. Brochures were displayed in the facility that provided information about a range of community health and social support agencies.</p> <p>Individualised discharge plans are discussed with MDT input held as required or at least six monthly. Interviews and clinical records sampled documented that the required assessments and interventions had been completed to meet any discharge planning goals and mitigate risks associated with transfer/discharge. Kaupapa Māori services are included as options for residents when transfers/discharges are considered for Māori residents. Staff confirmed their relationships with kaupapa Māori services, and these</p>

		had been utilised in the past.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building holds a current warrant of fitness which expires August 2025. The managing director/owner (interviewed) addresses day to day repairs and completes/oversees the planned maintenance. There is a maintenance request book for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (last completed in October 2024). Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occurs. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/tradespeople are available 24 hours a day as required. The calibration of medical equipment has occurred as planned.</p> <p>The building is a single level building with easy access to the garden. A part time gardener is employed to maintain gardens and grounds. There are outdoor ramps with handrails, outdoor seating, shaded areas and raised garden beds. Communal areas are spacious with provision of quiet areas for residents to use when they require privacy to meet with visitors. The facility has sufficiently wide corridors with handrails for residents to safely mobilise using mobility aids. Residents were observed moving freely around the areas with mobility aids where required.</p> <p>The caregivers interviewed stated there was sufficient equipment to safely carry out the resident cares as documented in care plans. There are adequate number of toilet and showering facilities. Five bedrooms have a toilet and handbasin. Privacy locks are in place. Vacant/in-use signage is on the toilet/shower rooms. All resident rooms are spacious enough to allow residents to move about with mobility aids. Residents and families/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit. Group activities occur in the main lounge and residents interviewed stated they were able to use alternative communal areas if they did not wish to participate in the group activities being held in the main lounge.</p>

		<p>General living areas are heated by large heat pumps, and night stores which are slowly being replaced. All resident rooms have individual heating thermostats, external windows and are well ventilated. The facility has plenty of natural light. All residents interviewed stated they were happy with the temperature of the facility. The managing director/owner is not planning any future additions to the facility however confirmed their knowledge that any future development needs to include Māori representation to ensure a co-design approach to reflect the aspirations and identity of Māori.</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/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand March 2019. Fire evacuation drills are held six-monthly and was last completed March 2025.</p> <p>Civil defence supplies are stored in an identified cupboard and are checked monthly. In the event of a power outage, there is a back-up generator available and gas cooking (BBQ and portable gas cookers). There is adequate food supply available for each resident for minimum of three days. There are adequate supplies in the event of a civil defence emergency, including water supplies (4,200 Litres) to provide residents and staff with three litres per day for a minimum of three days.</p> <p>Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Indicator lights are displayed above resident doors and panels in hallways to alert them of who requires assistance. Staff use walkie talkies to communicate with each other. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of maintenance audit. The residents were observed to have their call</p>

		<p>bells in close proximity.</p> <p>All residents interviewed confirmed they rarely need to use their call bell however when they have the response has been timely. The facility is secured at night and there is security cameras located at entrance and external security sensor lights.</p>
<p><b>Subsection 5.1: Governance</b></p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</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>The managing director/owner and registered nurse identify the infection prevention (IP) and antimicrobial stewardship (AMS) programmes as integral to improving the quality of services delivered. Infection prevention issues are identified, managed, documented and reported by the Managing Director/owner to the Quality Assurance Committee. Staff have access to local (Masterton Hospital IP Lead) regional, and national experts. Staff complete IP education/training and this was confirmed in interview and training record review.</p> <p>The facility's infection prevention team consists of the registered nurse and EN who report to the Managing Director/owner who also has a nursing qualification. Reporting includes activities, outcomes, and overall response effectiveness to outbreaks and infections.</p> <p>Interview with the registered nurse and managing director/owner confirmed significant IP events are managed using a stepwise approach to risk management and receive the Managing Directors/owner's support.</p> <p>Ethnicity data is collected for all infections alongside the administration of antibiotics. Collated information for all infections including seasonal trends is reported at quality assurance meetings. Staff have access to meeting minutes, and this was sighted and confirmed in interview.</p> <p>The AMS programme information is provided alongside IP information at quality assurance meetings. The effectiveness of the IP programme is reviewed.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The registered nurse confirmed leadership of the annually reviewed infection prevention (IP) programme. The Managing Director/owner supports the registered nurse to implement the programme which is integrated in the quality system. Expertise can be sought from regional experts when needed including Public Health and technical experts. Minutes of quality assurance meetings confirmed IP data and analyses was included. Issues related to infections are addressed through regular updates, handovers, monthly quality assurance and staff meetings. Staff have access to updated information from laboratories and other services that inform resident care.</p> <p>Policies reviewed comply with relevant legislation and accepted best practice. They are available to staff electronically from handheld devices in use across the facility. Staff have input into IP documents including policies and procedures through quality assurance meetings.</p> <p>Staff had received IP education and were informed of IP policy requirements at orientation. The annual education/training programme included IP and is implemented. The registered nurse attends external IP education annually at Masterton Hospital Staff supported residents with optimal IP practice to minimise the risk of cross contamination and this was observed onsite. Hand hygiene competencies were completed and up to date. Infection prevention information was available throughout the facility, for example handwashing posters were displayed throughout the facility and antibacterial hand gel stations were available in multiple places.</p> <p>Cultural advice informs the IP programme. The Managing Director /owner is of Māori descent and can provide IP information in Māori to residents if needed. The registered nurse confirmed informing IP projects and/or renovations as requested.</p> <p>The reuse of single use items is managed according to policy and meets the intent of standards. This includes a risk assessment where appropriate.</p> <p>There is an up-to-date pandemic plan in place (sighted) There have been no outbreaks since the last audit.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.  Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.  As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Interviews and document review confirmed there is an antimicrobial stewardship programme (AMS) which is implemented, approved by the managing director/owner, guided by AMS policy and appropriate to the size/complexity of the service. The registered nurse confirmed the programme was developed and implemented to optimise antimicrobial use and to minimise harm.</p> <p>Information regarding the use of antibiotics is collected and collated for reporting into the quality assurance meeting.</p> <p>Ethnicity data is collected for all antibiotics administered (sighted) The effectiveness of the AMS programme is evaluated monthly, with areas identified for quality improvement. Staff confirmed prescribing practice related to antibiotics is discussed with the GP. Caregivers confirmed they were informed about antibiotic prescribing and the increase of multi drug resistant organisms.</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.  Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.  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</p>	FA	<p>Surveillance undertaken is detailed in the infection prevention and control programme by dedicated staff and meets to size and scope of the service. The programme includes monitoring positive results for infections and outbreaks and recording ethnicity data. Methods for surveillance are documented and were sighted. Audits are completed including observation monthly of hand hygiene, confirmed in interview and record review.</p> <p>Variances in trends in surveillance data are identified, investigated</p>

<p>methods specified in the infection prevention programme, and with an equity focus.</p>		<p>and documented. Meeting records confirm results of surveillance are analysed and reported to quality assurance meetings monthly.</p> <p>Staff interviewed were satisfied that any urgent issues would be escalated to the managing director/owner in a timely manner. The RN discussed infection information, trends, the programme, and the organisations pandemic response. Culturally safe communication processes are outlined within the Māori Health Plan when required for residents with healthcare associated infections (HAI).</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>The organisation implements waste and hazardous management policies which comply with legislative and local council requirements. Policies include but are not limited to staff orientation and education, incident/accident and hazards reporting, use of PPE, disposal of general, infectious, and hazardous waste. Staff receive training and education in waste management and infection control as a component of mandatory training. Yellow containers for sharps and syringes were sighted in the clinical area. The processes to manage these was confirmed onsite.</p> <p>Current material safety data information sheets were available and accessible to staff in relevant places, such as laundry and the sluice room. Staff complete a chemical safety training on orientation. Interviews and observations confirmed that there is enough personal protective equipment (PPE) provided such as aprons, gloves, and masks. Interviews confirmed that the use of PPE was appropriate to the recognised risks. Observation confirmed that PPE was used in high-risk situations, and this was observed.</p> <p>Laundry and cleaning were managed inhouse and provided seven days a week. This included residents' personal laundry. Rosters sampled outlined that laundry and cleaning have rostered part time staff throughout the week. Visual inspection of the laundry demonstrated the implementation of a clean/dirty process for the hygienic washing, drying, and handling of all laundry. Safe and hygienic collection and transport of laundry items was observed. Staff interviews confirmed staff were aware of the process to handle infectious items. Laundry audits were completed. Clean linen was</p>

		<p>stored appropriately in hall cupboards. Resident's clothing was labelled, and clean items delivered to the resident's room. Feedback from residents' surveys and interviews confirmed satisfaction with laundry services.</p> <p>Cleaning duties and procedures were documented to ensure correct cleaning processes occur. There were designated locked cupboards for the safe and hygienic storage of cleaning equipment and chemicals. Housekeeping personnel interviewed were aware of the requirement to keep their cleaning trolleys in sight. Chemical bottles in storage and in use were noted to be appropriately labelled.</p> <p>There was a policy to provide direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. The policy details consultation by the Managing Director/owner and RN.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>There are policies, procedures, systems, processes in place to guide safe practice related to the use of restraint. The organisation has a philosophy aimed towards a restraint free environment. Restraint practice is overseen by the Managing Director/owner and RN.</p> <p>Staff confirmed should restraint be considered the decision-making process required input from the GP and family/whānau. Staff interviews confirmed the elimination of restraint and opportunities to implement non- restraint methods including a non-pharmacological approach.</p> <p>Falls risks were highlighted as part of this approach and outcomes considered along with other alternatives.</p> <p>Staff reported they were trained and competent to manage challenging behaviours including the activities coordinator and documentation confirmed this.</p> <p>Staff interviewed, confirmed the process that could be undertaken for Māori residents when considering restraint.</p> <p>Discussion included staff commitment to ensuring the voice of people with lived experience, Māori and whānau, would be evident</p>

		<p>on any restraint oversight group, and how this would be achieved through onsite Māori staff and/or community support.</p> <p>The Managing Director/owner maintains the restraint register and reports the Quality Assurance Committee. There were no episodes of restraint recorded since the last audit or in living memory of staff. Restraint is only considered a last resort.</p> <p>One resident had requested the use of bedrails during the night. The resident had requested the bedrails for a feeling of security and could manage them independently if they so desired. Although the staff did support the resident to raise them if requested. Consent for bedrails was in place and had been recently reviewed, May 2025 (sighted). A consent was signed by the resident, GP and Family/EPOA. Monitoring occurs when the bedrails are in use. Consent and monitoring documentation is maintained in the residents file (sighted).</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all</p>	<p>PA</p> <p>Moderate</p>	<p>There was no documented evidence in two resident files related to CMHT visits, including the reason for the visits and treatment outcomes. One resident is receiving medication from the CMHT that is not recorded in the resident file/medication record/progress notes and not known to staff. Staff confirmed multidisciplinary team (MDT) notes are not documented to reflect CMHT interventions. Information is not provided by email or phone to the facility regarding CMHT visits, treatment, support that informs plans of care. Medication administered at the visits is not recorded, contraindications not documented alongside any changes made to doses.</p>	<p>Services provided by members of the interdisciplinary team were not documented or informed the plan of care.</p>	<p>Ensure all members of the interdisciplinary team communicate and document care/treatment provision to inform the plan of care.</p> <p>30 days</p>

<p>settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service integration as required.</p>				
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.