

Golden View Care Limited - Golden View Care

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Golden View Care Limited
Premises audited:	Golden View Care
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 10 June 2025 End date: 11 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:	59

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
Yellow	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
Red	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

Golden View Care is located in Cromwell and has been operated under the umbrella of Promisia Healthcare (hereafter Promisia) since 28 August 2024. The service is certified to provide care for rest home, hospital (geriatric and medical) and dementia levels of care for up to 79 residents.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Health New Zealand. The audit processes included observations, a review of organisational documents and records, including staff records and the files of residents, interviews with residents and their family/whānau, and interviews with the nurse practitioner, staff, and management.

The facility manager is appropriately qualified, experienced, and supported by a clinical manager and senior business administrator. The service continues to implement the Promisia quality systems and processes.

Feedback from residents and family/whānau was positive about the care and the services provided.

This audit identified shortfalls related to care planning timeframes, care plan interventions and monitoring of care.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

There are Māori and Pacific health plans and an ethnicity awareness policy with a stated commitment to providing culturally appropriate and safe services. Staff are employed, where able, to represent the ethnicity of the group of residents.

Residents and family/whānau are provided with information about the Code of Health and Disability Services Consumer Rights' (the Code), and these are respected. The service works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Services provided support personal privacy, independence, individuality, and dignity. Staff interacted with residents in a respectful manner. Incidences of abuse, neglect or discrimination are reported as per policy and legislative requirements.

Open communication between staff, residents, and family/whānau is promoted and was confirmed to be effective. Family/whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible. The residents' cultural, spiritual, and individual values and beliefs are assessed and acknowledged. The service works with other community health agencies.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The board of directors is the organisation's governing body responsible for the services provided at the service that are planned and coordinated and are appropriate to the needs of the residents and family/whānau. Goals sighted in the strategic plan are formulated and approved by the area leadership team. Quality objectives are also documented with progress discussed at relevant meetings. A documented quality and risk management system includes processes to meet health and safety requirements with health and safety goals currently being progressed. All incidents are being reported and recorded.

The management and staff have the required skills and experience to provide appropriate services to residents. Human resources guide the service to good employment practice. An orientation programme is in place for new staff. An education and training plan is implemented. Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

On entry to the service, information is provided to residents and their whānau and consultation occurs regarding entry criteria and service provision. Registered nurses assess residents on admission. The initial care plan guides care and service provision during

the first three weeks after the resident's admission. InterRAI assessments are used to identify residents' needs. The general practitioner or nurse practitioner completes a medical assessment and ongoing review in timeframes that meet the aged residential care contract. Residents have their needs met in a manner that respects their cultural values and beliefs. Handovers between shifts guide continuity of care and teamwork is encouraged.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The activity programme is managed by an activities coordinator. The activity team, and programme provide residents with a variety of individual, group activities, including outings in the van, and maintains their links with the community.

The food service meets the nutritional needs of the residents. All meals are prepared on site. The service has a current food control plan. The organisational dietitian reviews the menu plans. Residents and family confirmed satisfaction with meals provided. Nutritious snacks are available at all times.

Transition, discharge, or transfer is managed in a planned and coordinated manner.

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.
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The building holds a current building warrant of fitness. There is a maintenance plan implemented. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. The dementia unit is secure, and residents can readily access secure and safe outdoor areas. Rooms are spacious enough for residents to move freely with mobility aids and personalised with their own belongings. 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. There are security measures to safeguard the residents, staff, and visitors. There is an approved evacuation in place.

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.
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The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme appropriate to the service's size and complexity. A registered nurse is designated as the infection control coordinator, and they monitor the programme and report monthly and as issues occur.

A pandemic plan is in place. If activated, sufficient infection prevention resources, including personal protective equipment, are available and readily accessible to support this plan.

Surveillance of healthcare-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. Infection outbreaks are managed and reported appropriately. One outbreak has been reported since the last audit.

The environment supports the prevention and transmission of infections. Waste and hazardous substances are well managed, and safe and effective laundry services ensure the comfort and well-being of residents.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

Policies and procedures for restraint minimisation and safe practice align with the standard. On the days of the audit there was no residents using restraint. The restraint coordinator is the clinical manager. Staff have ongoing training in the least restrictive practice and in safe use of restraint.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	0	1	0	0
Criteria	0	165	0	2	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 is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has no residents who identify as Māori. Golden View Care is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and evidence is documented in the resident care plans. There are clear processes to include tikanga in everyday practice and staff training. Residents (where able) and family/whānau provide input into the resident's care plan, activities, and dietary needs, as confirmed during interviews with eight residents (four rest home and four hospital) and two family/whānau (one dementia and one hospital).</p> <p>The facility manager (FM) confirmed that they encourage Māori to apply for roles that are advertised and state that they would always interview suitable applicants for roles. They stated that they are committed to increasing Māori capacity within the workforce and will employ more Māori applicants when they apply for employment opportunities. At the time of the audit, there were no Māori staff members. Golden View Care is commitment to a culturally diverse workforce, and this is evident in the business and Māori health plans. The service incorporates te reo and other cultural concepts in policy</p>

		<p>and procedures.</p> <p>During the audit, the facility manager (FM), clinical manager (CM), clinical quality manager (CQM) for Promisia and 19 staff (seven caregivers, five registered nurses [RNs], one activities coordinator, one activities assistant, one housekeeping supervisor, one cleaner, maintenance person, kitchen manager and one senior business administrator) described how they provide culturally safe care in relation to their role. Promisia Sharepoint has Māori Health and Tikanga Māori resources including a Tikanga flip chart with staff knowing how to access these resources.</p> <p>The service has existing partnerships with local iwi and Māori organisations within the region to allow for better service integration, equitable service delivery, planning and support for Māori. This includes established links with Uruuruwhenua Hauora. Residents and family/whānau are involved in providing input into the resident's care planning, their activities and their dietary 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>The organisation has a Pacific Health plan guided by the principles embodied in the Ministry of Pacific Peoples cultural practices and protocols. It further outlines how the service responds to the cultural needs of residents and how staff are supported to ensure culturally safe practices. Golden View Care staff orientation, training and education policy includes components of the Fonofale model of Pacific Health. The organisation is embracing Pacific models of care through various organisations that can provide support and guidance when Pacific people are being supported. The service has access to Pacific organisations and Health New Zealand for support with people who identify as Pasifika. Access to interpreter services and cultural support is arranged where English is a second language, and if no staff members speak the resident's language. The Pacific Health Plan clearly sets out actions that are required to be implemented by the service to ensure Pacific worldviews, cultural and spiritual beliefs, and cultural safety are paramount and embedded in the service appropriately.</p> <p>The FM and CM actively try to recruit Pacific staff into the service.</p>

		There were Pacific staff but no residents at the time of the audit. Golden View Care has established links with the community and other organisations through their staff who identify as Pasifika.
<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>Residents and family/whānau are provided with information about the Code of Health and Disability Services Consumer Rights' (the Code). The nursing team discusses aspects of the Code with residents and their family/whānau on admission. The Code of Health and Disability Services Consumers' Rights is displayed in English and te reo Māori.</p> <p>Discussions relating to the Code are held during resident and family/whānau meetings. Residents and family/whānau interviewed reported that the service upholds the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available at the entrances and in the entry pack of information provided to residents and their family/whānau. The policy documents link to spiritual support. The service recognises Māori mana motuhake, and this is reflected in the Māori health care plan that is in place. Residents attend church services as required.</p> <p>Staff receive education on the Code at orientation and through the annual education and training programme. This includes understanding the role of advocacy services, which are linked to the complaints process. They also receive training around including the family/whānau in discussions particularly for family/whānau of residents in the dementia unit. Managers and staff can also describe how they recognise Māori mana motuhake and state that they encourage any resident including Māori if they were admitted being as independent as possible.</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	Golden View Care provides services and support to people in a way that is inclusive and respectful of their individual identities and experiences. Staff were observed using person-centred and respectful

<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>language with residents. There is a documented sexuality and intimacy policy. Staff received training in sexuality and intimacy as part of their scheduled in-service training.</p> <p>The residents interviewed were positive about the service in relation to their values and beliefs being considered and felt they were listened to. Privacy is ensured and independence is encouraged. The service ensures that there is continued wellness of residents in a culturally safe environment and within the residents' own personal, worldwide view.</p> <p>Residents interviewed advised that they have choices. They are supported to decide whether they would like family/whānau members to be involved with their care or other forms of support. Residents have control and choice over the activities they participate in. Residents and family/whānau interviewed said they are respected and welcomed at the service.</p> <p>Staff interviewed confirmed they have attended Te Tiriti o Waitangi training as part of their in-service training with this also confirmed through a review of orientation and training records. Staff interviewed stated that care is delivered and reflective of Te Whare Tapa Whā model of care. The service demonstrates an awareness of tikanga and te reo Māori is often used in greetings and karakia before eating. Māori songs are sung at times, as reported by staff. Tāngata whaikaha are supported to participate in te ao Māori through the activities programme.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement and staff handbook.</p> <p>Residents and family/whānau, reported that their property and finances are respected, and professional boundaries were maintained. The FM confirmed that the code of conduct guides staff to ensure the environment is safe and free from any form of institutional</p>

		<p>and/or systemic racism. Family/whānau stated that residents were free from any type of discrimination, harassment, physical or sexual abuse or neglect, and felt safe. Residents also confirmed that they feel safe. Police checks are completed as part of the employment process. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors and residents.</p> <p>The Māori health plan in place identified a strengths-based, person-centred care and promotes wellbeing outcomes for Māori residents admitted to the service. This was further reiterated by the CM who reported that all wellbeing outcomes are managed and documented in consultation with residents, enduring power of attorney (EPOA)/whānau and Māori health organisations and practitioners (as applicable).</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>Residents and family/whānau reported that communication is open and effective and that they felt listened to. Enduring power of attorney (EPOA) and family/ whānau stated they were kept well informed about any changes to their relative's general health status and were advised in a timely manner about any incidents or accidents and outcomes of regular and urgent medical reviews. The residents' records reviewed supported this with a sample of incident forms reviewed confirming that family/whānau had been informed of the adverse event in a timely manner. Staff understood the principles of open disclosure and are guided by policies and procedures.</p> <p>Personal, health and medical information from other allied healthcare providers is collected to facilitate the effective care of residents. Each resident's file includes family/ whānau or next-of-kin contact section. Residents and family/ whānau interviewed stated they are provided with time to discuss any decisions.</p> <p>There were no residents who required the services of an interpreter; however, the staff knew how to access interpreter services through Health New Zealand, if required. Staff can provide interpretation as and when needed and use family/whānau as appropriate. The CM reported that any non-subsidised residents who are admitted to the</p>

		<p>service are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. Staff interviewed confirmed that verbal and non-verbal communication cards, simple sign language, use of electronic devices, use of EPOA or family/ whānau to translate and regular use of hearing aids by residents when required, is encouraged.</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>The management and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provided relevant guidance to staff. The residents' files sampled verified that informed consent for care provision had been obtained appropriately using the organisation's standard consent form. These were signed by the enduring power of attorney (EPOA) or residents. The general practitioner (GP) or nurse practitioner (NP) makes a clinically based decision on resuscitation authorisation in consultation with residents and family/whānau/ EPOA. The nursing team reported that advance directives and shared goals of care are explained and encouraged. All residents admitted to the secure unit had an activated EPOA and associated documentation in place.</p> <p>Staff were observed to gain consent for day to day care, and they reported that they always check first if a consent form has been signed before undertaking any of the actions that need consent. Interviews with family/whānau confirmed the service actively involves them in decisions that affect their family members' lives. All consent forms reviewed were signed. In interviews with residents, they reported feeling safe, protected, listened to and happy with the care/consent processes.</p> <p>The staff reported that tikanga best practice guidelines in relation to consent during care were observed.</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</p>	<p>FA</p>	<p>The service has a current complaints policy. Associated forms include the incident form, complaint form, complaint follow-up form and complaint register. The complaints procedure policy is in line with and reflects the principles of the Code and the guidelines provided by the</p>

<p>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>Health and Disability Commissioner (HDC). The policy commits to ensuring that any complaint (or any other issue) against a staff member or volunteer is addressed in a fair and equitable manner.</p> <p>The complaint register was viewed. There were no further complaints in 2024 (since the previous audit) and four in 2025 (year to date). All internal complaints reviewed included acknowledgement, investigation, follow-up, and replies to the complainant. No trends were identified, and all but one of the complaints were closed as resolved to the complainant's satisfaction.</p> <p>An interview with the management and staff revealed that complaint forms and information about the advocacy service are available at the service. Residents and family/whānau are aware of their rights to complain, and Consumer Code of Rights posters were sighted in publicly accessible areas. All residents and family/whānau interviewed stated they would feel comfortable making a complaint and that the service would support them throughout the process. Residents and family/whānau lodging a complaint can, if they choose, involve an independent support person or an advocate for advice and support during the complaints process. This was confirmed during interviews. Staff also confirmed they would document a complaint for anyone who had difficulty doing this or support the resident or family/whānau in accessing independent advocacy services. The FM confirmed that the complaints policy aims to ensure the complaints process works equitably for Māori and that a translator and/or an advocate who identified as Māori, would be available to support people if needed along with face-to-face discussions if requested (always offered).</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>FA</p>	<p>Golden View Care is located in Cromwell and has been operated under the umbrella of Promisia Healthcare since 28 August 2024. The service is certified to provide care for rest home, hospital (geriatric and medical) and dementia levels of care for up to 79 residents. There are 48 dual-purpose rooms and a 12-bed secure dementia unit including one room that is dual purpose as a palliative care room. All rooms were single occupancy. Furthermore, there are 19 serviced apartments that are suitable for rest home level of care. There were no residents requiring rest home care in the serviced apartments at</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>the time of the audit.</p> <p>On the day of the audit there were 59 residents: 19 residents at rest home level care (including one resident requiring respite level of care on accident compensation corporation [ACC] funding); 29 residents at hospital level of care (including two residents funded by ACC and one person under the age of 65 funded by Kia Roha); and 11 residents requiring dementia level of care. All other residents were under the age-related residential care contract (ARRC).</p> <p>The chief operations officer interviewed confirm the organisational structure and strategic direction of Promisia Healthcare. A Board of Directors and Leadership team (chief financial officer [CFO] and chief operations officer [COO] of Promisia is the governing body. The leadership team is supported by a support office senior team that include the clinical quality manager, quality innovations manager, project manager and human resources (HR) manager. This team is guided by Promisia strategic plan, the strategic direction for Māori health, Promisia strategic direction for tāngata whaikaha, purpose and values and report to the COO.</p> <p>Each director has an induction to their specific role and operates within rules relating to corporate governance. The directors are knowledgeable about legislative and contractual requirements and are experienced in the aged care sector. The directors demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is a Māori and Pasifika advisor working alongside the board of directors. The board meets monthly and receive a clinical report from the clinical quality manager with analysis and reporting of relevant clinical and quality indicators; these are discussed to improve services offered.</p> <p>The strategic direction for Māori health and the Māori health plan was developed in partnership with a Māori advisor. The strategy aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori), which is underpinned by the principles of Te Tiriti o Waitangi for the health and disability system. Promisia Healthcare is committed to supporting outcomes for Māori and equitable service delivery. The goals of the Māori strategy permeate through service delivery and are measured as part of the quality programme. The organisation benchmarks quality data within the</p>
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		<p>organisation and with other New Zealand aged care providers.</p> <p>The clinical governance is overseen by the clinical quality manager and quality innovation manager who receives monthly clinical manager and facility manager reports from each of the five facilities. Promisia undertakes clinical managers forums, local and online training, use of benchmarking quality indicators, learning from complaints and feedback from surveys as ways to share learning and improve the quality of care for Māori and tāngata whaikaha.</p> <p>Promisia has an overarching strategic plan with clear business goals to support its person-centred philosophy. Promisia annually reviews the business and operational plan for strategy and planning. The site specific quality and business goals for Golden View Care were reviewed in September 2024.</p> <p>Guidance in cultural safety for their employees is provided through training in cultural safety awareness around Māori health equity, barriers to care and disparities in health outcomes, as documented in the strategic direction for Māori health document . The strategic direction for Māori health states that Promisia is committed to achieving Māori health equity for residents in their care homes by responding to the individual and collective needs of residents who identify as Māori to ensure the values of care, integrity, community and support reflect throughout the delivery of services. The cultural advisor collaborates with the Board and leadership team in business planning and service development to improve Māori and tāngata whaikaha health outcomes.</p> <p>Tāngata whaikaha provide feedback around all aspects of the service through general feedback, including completion of satisfaction surveys, responding to complaints and residents` meetings. Feedback from surveys is collated, which provides the opportunity to identify barriers and improve health outcomes.</p> <p>The service is managed by a FM who has been in the role for four years. They have experience in health management previously at other aged care facilities. The FM (a registered nurse) overseeing and dividing their time between Golden View Care and Ripponburn Home and Hospital in Cromwell. The FM is supported by an experienced CM a senior business administrator and receptionist. They are supported</p>
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		<p>by a team of experienced registered nurses, enrolled nurses and caregivers . The management team reports that staff turnover has been variable.</p> <p>The FM and CM have completed over eight hours of training in managing an aged care facility.</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>Golden View Care has a range of documents that contribute to quality, risk management and reflect the principles of quality improvement processes. The internal audits are being completed as per the internal audit schedule. Internal audit results are shared with staff during quality and staff meetings. Quality data includes incidents/accidents, infection and outbreak events, complaints, satisfaction surveys, internal audits and staff surveys. All data is analysed to identify and manage issues and trends. A sample of quality, risk and other documentation showed that where monitoring activities identify a need for improvement. Corrective actions are implemented until improvement occurs. Trends are analysed to support ongoing evaluation and progress across the service's quality outcomes. Benchmarking occurs.</p> <p>Meetings occurred as scheduled. Residents and staff contribute to quality improvement through feedback on quality data, complaints and internal audit activities. The outcomes from the Golden View Care 2024 resident and family/whānau satisfaction survey evidence high levels of satisfaction related to key areas of service delivery. One area related to the food service did not perform as well as expected and a corrective action plan has been implemented with regular monitoring on the progress. The results of quality data, satisfaction surveys and corrective actions are discussed with staff at staff meetings. Residents and family/whānau were informed of survey results. Promisia plans to perform their annual survey in August 2025.</p> <p>Quality goals have been in place each year and reported against in meetings with overall summaries provided in Leecare. Physical improvements in the care home include ongoing refurbishments as rooms become vacant.</p> <p>The Promisia policy committee has updated all policies and</p>

	<p>procedures. The service has implemented the Promisia Kuapapa policies and documents in a swift manner. Speedy policy implementation is reflective of the Promisia strategic direction and current legislation. The policies reviewed covered all necessary aspects of the service and contractual requirements. The project included clear communication with staff to understand the policy, its necessity and the expected outcomes. Simple, direct language is used in the policy documents to avoid confusion or delay implementing thereof. The policies were published by 1 November 2024. The initial rollout of the basic Kaupapa/policy documents was in the company shared file; this contributed to identify potential roadblocks early on related to accessibility of documents. The Matau was developed to incorporate the Kaupapa to improve accessibility. Documentation for the policy committee ensure streamline approvals, documentation control, and compliance tracking. Staff were equipped with the necessary skills and knowledge to navigate the system before it went live. The internal audits related to personal and care audits increased from 76% (pre policy implementation) to 86% and then 100 percent by March 2025. All care staff responded to the survey provided. The post survey results of 82% verified that staff felt equipped to provide services that align with Promisia values and a strength based model of care that reflect a holistic approach to promote wellbeing for all. Staff (93%) responded they felt confident that policies on Matau ensure a safe environment for staff and residents. Staff (85%) also responded policies reflect good employment practices. The service is currently working towards improving the dining experience, reducing medication errors by 50% and reducing falls by 10%.</p> <p>Critical analysis of organisational practices to improve health equity occurs, with appropriate follow-up and reporting. The FM and CM described the processes for identifying, documenting, monitoring, reviewing and reporting risks, including health and safety risks, and developing mitigation strategies.</p> <p>Staff documented adverse and near-miss events in accordance with the adverse event management policy. A sample of incident forms reviewed showed that these were fully completed, incidents were investigated, action plans were developed, and actions were followed up in a timely manner. The Severity Assessment Code has been</p>
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		<p>implemented for risk ratings of adverse events and reported as required to the Health Quality and Safety Commission (HQSC) in relation to fractures following falls. The service complies with statutory and regulatory reporting obligations. One section 31 notification completed as required since the previous audit.</p> <p>The FM and CM were aware of the Health and Safety at Work Act (2015) and implemented its requirements. All visitors to the service are informed and reminded of health and safety and infection prevention during the outbreaks that have occurred since the last audit. No events required reporting to WorkSafe NZ in the previous 12 months. A hazard and risk register is in place with this reviewed at regular intervals throughout the year. There is evidence of completed environmental audits with corrective actions put in place and resolved in a timely manner when required.</p> <p>Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The management team reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding Māori models of care, health and wellbeing and culturally competent staff.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day, seven days a week. The FM and CM work full time, Monday to Friday and are available on-call 24/7 a week, supported by the CM at Ripponburn. Furthermore, there is at least one or more registered nurses on morning, afternoon and night shift who are supported by enrolled nurses. One registered nurse is allocated to oversee the dementia unit, and the caregivers escalate any concerns to the RN on duty. There are dedicated staff to complete recreation, household, kitchen and maintenance tasks.</p> <p>The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there are adequate staff to complete the work allocated to them. The residents and family/whānau interviewed supported this. Residents and family/whānau interviewed stated they are informed of any changes to staff.</p>

		<p>Ongoing education is planned on an annual basis and includes mandatory training requirements. Competency assessments include (but are not limited to) hand hygiene; donning and doffing of personal protective clothing; medication administration; restraint use; fire safety; moving and handling; syringe driver and first aid competencies. Training for care staff and registered nurses included: safe moving and handling; Te Tiriti o Waitangi; abuse and neglect prevention; health and safety; behaviour management; dementia training, medication management; chemical safety; privacy and confidentiality; incident management; falls management; infection control basics, pressure injury prevention and skin deterioration; nutrition and hydration. Evidence of attendance sighted showed sufficient numbers of staff have attended the sessions.</p> <p>Care staff have either completed, commenced or are due to commence a New Zealand Qualification Authority education programme to meet the provider's funding and service agreement requirements. There were 28 caregivers with level 3 and 4 recognised qualifications working across the service and staff reported that they had completed the required dementia units. Training records evidenced all but five have completed the dementia training. Five caregivers are enrolled to complete the dementia standards within the timeframes required by ARRC.</p> <p>Registered nurses are accredited and maintain competencies to conduct interRAI assessments. Eight RNs and two enrolled nurses are competent to complete interRAI. The staff records sampled demonstrated completion of the required training and competency assessments.</p> <p>Staff members interviewed reported feeling well-supported and safe in the workplace. The FM reported that the model of care ensured that all residents are treated equitably. Staff and management completed cultural training. The provider's environment encourages collecting and sharing quality Māori health information. The service works with the cultural advisor and organisations to provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</p> <p>There is an employee assistance programme in place to promote staff wellbeing. Staff participated in an annual employee satisfaction survey</p>
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		and staff interviewed reported a supportive management.
<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>	FA	<p>Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff are police-checked, and referees are contacted before an offer of employment occurs. A sample of nine staff records (three RNs, four caregivers, one activities assistant, and one housekeeper) reviewed confirmed that the organisation's policies are being consistently implemented. Each position has a job description.</p> <p>Records confirmed that all regulated staff and contracted providers had proof of current registration with their regulatory bodies. Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and orientation to the environment, including emergency management. Staff performance was reviewed and discussed at regular intervals. Copies of current appraisals for staff were sighted.</p> <p>Each staff member's ethnic origin is documented on their personnel records and is used in accordance with Health Information Standards Organisation (HISO) requirements. A process to evaluate this data is in place and reported to the board at board meetings. Following incidents, the GM, CM and support office staff are available for any required debriefing and discussion. Staff stated they feel supported following any incidents.</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>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. The clinical notes were current, integrated, legible, and met current documentation standards. No personal or private resident information was on public display during the audit. Archived records are held securely on-site and clearly labelled for easy retrieval. Residents' information is held for the required period before being destroyed.</p> <p>The service uses an electronic information management system. Staff have individual passwords to the electronic record, medication management system, and interRAI assessment tool. The visiting</p>

		<p>general practitioner (GP), nurse practitioner (NP), and allied health providers also document the information as required in the residents' records. Policies and procedures guide staff in the management of information. The FM reported that staff have their own logins. An external provider holds backup database systems.</p> <p>There is a consent process for data collection. The records sampled were integrated. The FM reported that EPOAs can review residents' records in accordance with privacy laws, and records can be provided in a format that is accessible to the resident concerned. Golden View Care is not responsible for the National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There is a policy for managing inquiries and entry into the service. Entry criteria include a requirement to be needs assessed for rest home, hospital, or dementia level care. Authority from the needs assessment service coordination (NASC) were sighted in residents' files. There is accurate information about the facility and services available on the Golden View Care website and in an information pack. Entry criteria are communicated to referrers, prospective residents and their family/whānau and to local communities and health care providers.</p> <p>Prospective residents and their family/whānau can visit or call any time and the facility manager will complete an enquiry form and discuss their needs, including cultural, physical, psychosocial, and spiritual. Prospective residents and their family/whānau are given a tour of the facility and meet the staff on duty and where possible are able to choose their room. Residents and family/whānau interviewed confirmed the entry process was well explained, went smoothly and feel they are treated with respect and dignity at all times. Where there are delays to entry such as waiting for an available bed, they are kept updated. If the prospective resident does not meet the entry criteria, they are informed of the reason, advised of other options, and referred back to the referrer. Enquiry and admission information is entered into the electronic system where Promisia monitors entry and decline rates. This includes ethnicity.</p>

		<p>The service has existing engagements with local Māori communities, Māori leaders, health practitioners, and organisations to support Māori individuals and whānau. Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required</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>Eight resident files were reviewed including two rest home level and four hospital level (including one on respite funded by Kia Roha and one funded by ACC) and two residents at dementia level of care. Registered nurses are responsible for all assessments including interRAI assessments and care planning. A physiotherapist is contracted for four hours per week and has input into mobility and falls prevention. They are supported by a physiotherapy assistant who assists with planned exercises. The activities coordinator develops the activities plan which is informed by residents and family/whānau and a “activities and lifestyle profile” which identifies the resident’s life experiences and significant people. Resident files have evidence of resident and family/whānau input in assessments and care planning and those interviewed confirmed they are involved at each stage from assessment, care planning to evaluation. Initial assessments, interim care plans, initial interRAI assessments and reassessments are completed within required timeframes; however, long-term care planning and evaluations are not always consistently completed as scheduled. The resident funded by Kia Roha is not required to have an interRAI assessment completed but has a detailed and holistic assessment and comprehensive care plan in place.</p> <p>Medical assessments are completed by either the contracted GP or nurse practitioner (NP) within the required timeframes. Residents then have a three-monthly review by the general or nurse practitioner as a routine. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The nurse practitioner (interviewed) commented positively on the service and confirmed appropriate and timely referrals were completed. They were happy with the competence of the registered nurses, care provided and timely communication. The nurse practitioner provides 24-hour and seven day per week on call</p>

		<p>services.</p> <p>Resident files identify the integration of allied health professional input into care and a team approach is evident. A physiotherapist is contracted for four hours per week. A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health team, hospice, wound care nurse specialist and medical specialists are available as required through Health New Zealand. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented. The service facilitates access to traditional Māori health practitioners as needed.</p> <p>The activities coordinator completes a detailed lifestyle assessment to identify residents' interests and preferences and uses this to develop a plan for meaningful activities. For residents in the dementia unit, behaviour management and de-escalation strategies are documented. A comprehensive 24-hour care plan lists the activities and routines the resident follows over the 24-hour period. All residents undergo a cultural assessment and residents and family/whānau interviewed confirmed their extensive input into this. Residents have access to a visiting podiatrist.</p> <p>Care staff complete electronic monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; repositioning charts; blood glucose levels; and toileting regime; however, the monitoring charts were not always completed as per care plan instructions. Registered nurses collaborate with caregivers to evaluate interventions for individual residents at risk of falling. Neurological observations are completed for unwitnessed falls or falls involving a head injury. A sample of these was reviewed; however, did not always evidence completion as per policy. Opportunities to minimise future risks are identified by the clinical manager in consultation with registered nurses and caregivers.</p> <p>Review of resident files shows assessment is comprehensive and utilises the tools embedded in the interRAI system and other validated assessment tools. Where interRAI shows a trigger for a specific need, this is included in the care plans; however, interventions do not always reflect the assessed needs. Care plans include the goals and aspirations of residents; however, do not consistently describe the</p>
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	<p>interventions required to achieve these. Where there is a potential for a risk, such as a change in mood, challenging behaviour or hypoglycaemia, the early warning signs are documented and communicated to staff. Care plans, assessments and progress notes are recorded on an electronic system.</p> <p>Registered nurses and caregivers described how they involve residents and family/whānau in implementing care plans. The residents interviewed reported their needs and expectations are being met, and they are supported to achieve their own pae ora outcomes and family/whānau members confirmed the same. When a resident's condition changes, the staff alert the registered nurses who then assesses the resident and initiate a review with the general practitioner. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, practitioner visits, medication changes and any changes to health status and this was consistently documented in the resident files.</p> <p>Care plans are scheduled for review routinely every six months or more frequently if the needs of residents' change however this was not always completed as scheduled or indicated. InterRAI assessments are completed before the care plan review so that outcome measurements are utilised to evaluate progress or identify new needs. Family/ whānau are invited to either attend care plan reviews or to email any suggestions if they are unable to attend. Where a resident's progress is different from expected, the family/whānau is informed and the care plan is updated. Short-term care plans are developed for short-term needs such as wounds and infections.</p> <p>At the time of the audit there were eleven wounds being treated including one stage one pressure injury. There are comprehensive policies and procedures to guide staff on assessment, management, monitoring progress and evaluation of wounds. Assessments and wound management plans, including wound measurements and photographs, were reviewed. Wound registers have been fully maintained. Wound assessment, wound management plans, evaluation forms were completed; however, wound monitoring did not always occur as planned in the sample of wounds reviewed. Registered nurses confirmed they receive ongoing training on wound</p>
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	<p>management and can access the wound nurse specialist if needed for expert advice. Caregivers and registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Staff reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they are updated daily regarding each resident's condition. Progress notes are completed each shift by the caregivers; however, RN reviews are not always completed in accordance with policy. If there is a change in the condition of a resident, the registered nurse is informed, undertakes an assessment and updates the care plan if needed. A multidisciplinary approach promotes continuity in service delivery, including the general and nurse practitioner, registered nurses, physiotherapist, activities staff, kitchen staff, and other allied health team members, residents, and family/whānau.</p> <p>In assessing and monitoring residents, the following monitoring charts are completed: weight, monthly as a routine or more often if indicated; blood glucose; behaviour; positioning; bowels; and food and fluids. A policy guides staff in completing neurological observations for unwitnessed falls or head injuries; however, review of resident files shows not all residents have this completed according to the policy. Incident reports reviewed evidenced timely nursing follow up.</p> <p>The Māori health plan supports residents and family/whānau, as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the care plan for Māori. The clinical manager reported any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services would be identified, and strategies to manage these would be documented. Staff confirmed they understood the process to support residents and family/whānau. There were no residents who identified as Māori at the time of the audit. The cultural safety assessment process validates Māori healing methodologies, such as Karakia, Rongoā and spiritual assistance when required. Cultural assessments were completed by the registered nurses and diversional therapist who have completed cultural safety training in</p>
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		consultation with the residents, family/whānau and EPOA.
<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>The activities programme is delivered by an activities coordinator who is studying towards their certificate in diversional therapy, assisted by five part time activities assistants. Activities are provided seven days per week. Review of resident files shows activities plans are informed by using information from a life assessment, an individual activities plan (significant people and life events for each resident, cultural preferences, previous employment, interests and hobbies, and input from family/ whānau. Monthly resident meetings provide an opportunity for residents to have a say in the activities programme and the activities coordinator (a qualified diversional therapist [DT]) gets ongoing feedback from residents in conversation.</p> <p>Review of the activities schedule shows a broad range of activities are provided including physical exercises to enhance strength and balance, chair exercises and floor and table games. Cognitive activities include simple word games, quizzes, newspaper reading and board games. Social activities include happy hour and outings in the community once a week for each area and activities themes each month including Easter, Anzac, Christmas, Matariki, and King`s birthday as examples. Other activities include garden planting, men`s and women`s spa afternoons, pet therapy and monthly book clubs. Cultural events include celebration of Māori language week and cultural days where staff perform in their national costumes. A local church group provides church services weekly. Some residents are taken out to church and other venues by family/whānau. Residents prepare a range of food such as baking twice a month. Photographic evidence was sighted of the range of activities provided.</p> <p>Outings occur twice weekly in the van and the activities coordinator ensures all residents have opportunity to go on outings. Examples of venues visited include visits to the Highlands racetrack, the Cromwell Museum, Arrowtown, Lake Hayes and Wanaka. During the school term school and preschool groups visit the residents. School children provide kapa haka performances annually. There are no residents who identify as Māori; however, staff were able to describe how they would support them to participate in te ao Māori by maintaining connections with whānau and hapū.</p>

		<p>Individual activities include reminiscing, pampering, exercises, hand massage and listening to the resident's preferred music. A record of individual activities is recorded in the progress notes.</p> <p>Activities in the dementia unit are tailored to individual residents and include walks, singing, walking, arts and crafts, feeding the birds, puzzles, ball games. Entertainers perform for dementia in combined sessions in the dual-purpose lounge. A monthly sensory movement therapist visits both units monthly. Family/ whānau of residents in the dementia unit expressed their satisfaction with the activities programme and stated they are invited to attend outings and activities and are sent a calendar of the activities schedule. During the audit, the dementia unit was observed to be calm, and residents were engaged in activities and conversations.</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>Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing and documenting administration. The policy and procedures describe the requirements for medication prescribing, dispensing, administration, review and reconciliation. Administration records are maintained. Medications are supplied by a contracted pharmacy in robotic packs. The GP or nurse practitioner completes three-monthly medication reviews. A medication round was observed in each area and seen to be safe. Medications are administered by registered nurses and caregivers who are required to pass an annual competency test and have ongoing training in medicine management. Medication errors are reported in the electronic resident file and appropriate investigation and follow up is done.</p> <p>Staff could describe their responsibilities for receiving medications from the pharmacy including checking against prescriptions. The effectiveness of pro re nata (prn) medications was consistently documented in the electronic medication management system and progress notes. Medicines were seen to be stored securely in the medication rooms and locked medication trolleys. Stored medications are checked monthly by a registered nurse for expiry dates. The medication refrigerators and medication room temperatures are monitored daily and are within an acceptable range. Liquid</p>

		<p>medications and eye drops are labelled with the date of opening. Unused and expired medications are returned to the pharmacy.</p> <p>Sixteen medication charts were reviewed. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Staff were seen to be explaining medications to residents, so they understood what they were taking. Residents and family/whānau confirmed they are consulted about medication changes.</p> <p>There are policies in place to guide the management of residents who wish to self-administer their medications. There were no residents self-administering their medications on the days of audit. There are no standing orders.</p> <p>Over-the-counter medications and supplements are considered by the GP or nurse practitioner and where possible prescribed on the medication chart. Māori residents and whānau confirm they have access to their medications and are aware of the indications and potential side effects. The CM stated appropriate support, advice, and treatment for all residents and family/whānau is available.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All food is prepared and cooked onsite by a kitchen manager (a trained cook), assisted by three other cooks and four kitchen assistants. The food services manual was reviewed and kept in the kitchen. Meals are transported to each dining room in a hot box, dining assistant plates normal meals as per meal master sheet. Special meals are pre plated in the kitchen and sent out in hot boxes to the two dining rooms. All other meals are placed in bain-marie containers and plated by food assistants in the satellite kitchens. The temperatures of hot food are recorded. The kitchen was observed to be clean, well-organised and well equipped. There is an approved food control plan in place that is current. Dry food is stored in a walk-in pantry in original packaging in closed containers labelled with the date of opening. The four-weekly seasonal menus have been reviewed by a dietitian. There are two options for tea meals.</p> <p>Dietary needs, preferences, dislikes, allergies, food textural requirements and food intolerances are identified on admission and</p>

		<p>reviewed six-monthly as part of the care plan review (or more often if the needs of a resident change). The dietitian visits the facility weekly and is available to provide input into specific dietary requirements. This information is communicated to the cook. Food is fortified as needed and nutritional supplements prescribed are provided. Resident meetings provide an opportunity to obtain feedback on the food service. The kitchen manager meets with individual residents to discuss their personal preferences and dislikes. Modified plates and utensils are available. Nutritious morning and afternoon tea and supper is provided along with beverages. Additional snacks and beverages are available particularly in the dementia unit.</p> <p>The kitchen manager on interview demonstrated their understanding of tikanga and confirmed they had been trained in cultural safety on orientation. The menu has Māori and Pacific options available three times a week and on request. Staff were observed wearing correct personal protective clothing in the kitchen. Residents participate in food preparation as part of the activities programme. Cultural food options are provided including Māori boil ups, fried bread and individual requested.</p> <p>Refrigerator and freezer temperatures are recorded daily and seen to be maintained within an acceptable range.</p> <p>Residents interviewed confirmed they have a variety of meals which they enjoy. Alternatives are available if they do not like what is on the menu. Feedback is obtained at residents' meetings and residents and whānau are able to speak with the kitchen manager directly. During the audit, the meal service was observed in each area to be enjoyable and pleasant. Residents are seated at tables with other residents having similar nutritional needs such as minced and moist. Staff were observed discreetly assisting residents as needed.</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</p>	<p>FA</p>	<p>Transition to another facility or hospital or discharge is a planned process that includes communication with the resident and their family/whānau. Before transfer, the registered nurse does a verbal handover to communicate care needs and potential risks to the ongoing facility. If a resident becomes acutely unwell the registered</p>

<p>whānau receive the necessary support during their transition, transfer, and discharge. 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>nurse can call the GP or nurse practitioner for advice. If a resident needs urgent transfer to hospital, the ambulance is called and family/whānau informed. Staff confirmed when a resident is transferred to hospital they send a summary of care needs, medication chart, legal documents and shared goals of care using the yellow envelope system with ambulance staff.</p> <p>Residents and family/whānau interviewed confirmed staff facilitate their access to other healthcare providers including Māori health practitioners as needed. Records were sighted of attendance at clinic appointments at the public hospital, nurse specialist appointments and allied health appointments and if possible, family/whānau are asked to attend appointments with residents.</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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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 building holds a current warrant of fitness which expires 4 August 2025. The environment is inclusive of peoples' cultures and supports cultural practices. The maintenance person works 40 hours a week (Monday to Friday) plus on-call after hours. The maintenance person is a joiner by trade and has over twelve years' experience managing maintenance in aged care facilities. There is a maintenance request book for repair and maintenance requests located at each nurse's station, staff room, kitchen and laundry. Equipment failure or issues are also recorded in the electronic resident management system. This is checked daily and signed off when repairs have been completed. There is a 52-week annual maintenance plan that includes electrical testing and tagging, resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Review of hot water monitoring records show the temperature is maintained at a safe level. Essential contractors/tradespeople are available 24 hours as required. Testing and tagging of electrical equipment was completed in April 2025 and clinical equipment including hoists and scales were checked and calibrated on 20 May 2026.</p> <p>The facility is all on one level providing easy access to all communal areas. The facility is modern, and purpose built with wide corridors which promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids</p>

	<p>where required. There are spacious lounges and alternative small lounge areas throughout Golden View Care. There are seating alcoves throughout the facility. All bedrooms and communal areas have ample natural light and ventilation. The internal and external courtyards and gardens have seating and shade. There is safe access to all communal areas. Activities take place in dedicated activities areas and in adjoining lounge areas. There are spacious dining areas in each of the two units. Each of the dining rooms has a modern satellite kitchen including a servery. Residents are encouraged to access fruit plates and sandwiches available at the servery in the dementia unit. The hot water tap in the servery has been designed to ensure the safety of the residents.</p> <p>The dementia unit provides a home-like therapeutic environment. The exit door from the unit has been wrapped in a floral pattern to take away the look of the door and minimise anxiety for residents. The unit is secure with safe access to the gardens with pathways. Outdoor spaces provide opportunity for walking and gardens are designed to provide for sensory stimulation.</p> <p>All rooms have full ensuites. There are identified communal and visitor toilets within the facility with privacy locks. Fixtures, fittings and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes.</p> <p>All rooms are single occupancy. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Most resident rooms are equipped with ceiling hoists with plans to add to others as required. There is adequate space for the use of a hoist for resident transfers as required. Caregivers interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit. There is underfloor heating throughout with heat pumps in all communal areas. Individual resident rooms are all fitted with heat pumps which can be individually adjusted.</p> <p>Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home, hospital, and dementia level of care residents. The facility manager confirmed they would consult with local Māori (who the facility has close links with) should any</p>
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		alterations or extensions to the building be planned in future.
<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>	FA	<p>Emergency management policies outline the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. The building has separate fire cells so in the first instance evacuation would be to another fire cell within the building.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service on 15 September 2022. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness and the last one was held on 10 February 2025. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in the dementia unit, the dual-purpose wing and in the central management offices and are checked three monthly. In the event of a power outage there is back-up power available from an on-site generator sufficient to run the whole facility for between four and twelve days ported onsite. There is a gas barbeque. There are adequate supplies in the event of a civil defence emergency including sufficient water in ceiling tanks. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. All registered nurses and a selection of other staff maintain current first aid certificates, so there is always a first aider on site.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets, and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, staff complete security checks at night. The doors automatically lock at 1830hrs. There are security cameras installed in reception area, at the entrance, along fence lines and communal areas throughout the facility.</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>The infection prevention control (IPC) and antimicrobial stewardship (AMS) programmes are appropriate to the service's size and complexity. The policy committee approved these programmes, which are linked to health and safety and the quality improvement system and are reviewed and reported on yearly. There is a defined pathway to communicate significant events to the clinical governance. Expert advice and support is sought from Health New Zealand. A documented pathway supports reporting progress, issues, and/or significant events to the board of directors.</p> <p>There is a stepwise approach to the management of infection risks. An emergency pandemic plan is documented and has been reviewed. There are sufficient resources and personal protective equipment (PPE) readily available and accessible to staff. All staff, residents and family/whānau have received training and updates for managing infection outbreaks. Training records are well maintained.</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 policy committee approved the IPC and AMS programme that is linked to the quality improvement system and reflects the strategic direction of the organisation. There is expert advice available to support the infection control programme which is reviewed annually. A registered nurse is the infection control coordinator (IC), and the position description for IC coordinator is well-defined and in place. The IC coordinator has input when infection control policies and procedures are reviewed.</p> <p>The service has a pandemic plan and guidelines to manage and prevent infection exposure. Infection prevention and control training is provided to staff, residents and visitors. Adequate supplies of personal protective equipment (PPE) and hand sanitisers were in stock. Hand hygiene audits were completed as per schedule. Staff are advised not to attend work if they are unwell. Information and resources to support staff in managing Covid-19 and other outbreaks were regularly updated and tested.</p> <p>The service has documented policies and procedures that reflect</p>

		<p>current best practices. These policies and procedures are accessible and available for staff. The care delivery, cleaning, laundry services, and food management processes were observed. Staff were observed following organisational policies, such as appropriate use of hand sanitisers, good hand hygiene techniques, and the use of disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures.</p> <p>Staff training in infection prevention and control is routinely provided during orientation and annual in-service education. The training includes hand hygiene procedures, donning and doffing protective equipment, and regular outbreak management updates. Records of staff education were maintained. The IC coordinator has completed various infection prevention and control training online.</p> <p>The IC coordinator and CM reported they work in consultation with approved New Zealand medical and healthcare supplies companies in procurement processes for equipment, devices and consumables. The CM and registered nurses reported that there were processes in place for early consultation with the infection prevention personnel in case of any new building or when significant changes are proposed to an existing facility. In an interview, the CM reported that single-use medical devices are not re-used at the service. Shared equipment is appropriately cleaned between use. The service completed cleaning and environmental audits to safely assess and to provide evidence that these procedures are carried out.</p> <p>The service has printed infection prevention educational resources in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally</p>	<p>FA</p>	<p>The service has an antimicrobial use policy and procedure. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the resident cohort's size, scope,</p>

<p>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>		<p>and complexity. Infection rates and any antimicrobial use are monitored monthly, reported in a monthly clinical managers' report, and presented at meetings and to the clinical quality manager. The IC coordinator collates and analyses the electronic medication management system with pharmacy support. The annual infection control and AMS review and the infection control audit include antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, isolated pathogens and adverse effects.</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 control programme and is described in the Promisia infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and infection definitions. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated into a monthly infection summary. Data is monitored and analysed for trends monthly and annually. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed during infection control, clinical and staff meetings. The CM confirmed the process of creating improvement plans should this be required.</p> <p>Benchmarking graphs are displayed for staff. Action plans are required for any infection rates of concern. The service receives regular notifications and alerts from Health New Zealand. All infection data is reported to the governing body.</p> <p>Staff are made aware of new infections at handovers on each shift, through progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required and to keep family/whānau up to date on any infections. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau.</p> <p>Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed and requirements (if appropriate) for isolation.</p>

		<p>One Covid-19 outbreak (December 2024) has been documented since the last audit. Meetings (sighted) were held, and `lessons learned` were captured and discussed to prevent, prepare for, and respond to future infectious disease outbreaks. Any infections of concern are discussed and reported to Promisia`s clinical quality manager. Outbreak logs were completed. Staff confirmed that resources, including PPE were in stock. Residents and family/whānau were updated regularly through the outbreaks.</p> <p>Hand sanitisers are available for staff, residents, and visitors to the facility. Visitors to the facility sign in at entry to the building and sign out on exit.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer`s labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed wearing these as they carried out their duties on the audit days. There are sluice rooms (with sanitisers) and personal protective equipment, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Linen and personal clothes are laundered on-site by dedicated staff seven days a week. There are defined areas for clean and dirty laundry, and a dirty-to-clean flow is evident. Kitchen linen and mop heads are also done on-site. There are sufficient commercial washing machines and dryers. Material safety data sheets are available, and all chemicals are within closed systems. Linen was seen to be transported on covered trolleys. Laundry staff interviewed stated they had appropriate training in relation to the management of linen.</p> <p>Cleaners` trolleys are attended to at all times and locked away in the cleaners` cupboard when not in use. All chemicals on the cleaner`s trolley were labelled. Appropriate personal protective clothing was readily available. The linen cupboards were well stocked with good-</p>

		<p>quality linen. The washing machines and dryers are checked and serviced regularly.</p> <p>The housekeeping supervisor and one cleaner interviewed demonstrated they have good knowledge about cleaning processes and infection prevention and control requirements. There were kitchen and laundry audits completed that evidence compliance.</p> <p>The IC coordinator provides support to maintain a safe environment during construction, renovation, and maintenance activities. There were no construction, installation, or maintenance in progress at the time of the audit; however, the CM stated that they would have input into any change to the building if this was to occur. Infection control internal audits are completed or overseen by the IC coordinator.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without use of restraint. The restraint minimisation and safe practice policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible.</p> <p>The designated restraint coordinator is the clinical manager. There is a job description in place for the restraint coordinator. At the time of the audit, there were no residents using restraint. The use of restraint (if any) is reported in the quality meetings.</p> <p>Restraint related training which includes policies and procedures related to restraint, cultural training and de-escalation strategies is completed as part of the mandatory training plan and orientation. Staff have completed the annual restraint competency.</p>

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 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	<p>There are policies and procedures that provide guidance on assessment and support planning timeframes and processes. All assessments are completed by a RN in partnership with residents and family/whānau. An initial summary care plan is developed within 24 hours of admission to provide guidance for caregivers on care delivery for the residents. This was sighted in all files reviewed. For the sample files reviewed, all residents who required an initial interRAI and six monthly interRAI reassessments had this completed within required timeframes. The first long term care was completed as required for four of the seven residents who required</p>	<p>(i).The initial long term care plan of one rest home resident, two hospital residents and two dementia residents were not completed within the 21 days (overdue by up to two months).</p> <p>(ii). Two residents in the dementia unit, two hospital and one rest home did not have six monthly evaluations completed within required timeframes (up to 4 months overdue).</p>	<p>(i).& (ii). Ensure that all care plans and evaluations are completed in line with policy and legislative requirements.</p> <p>90 days</p>

		a long-term care plan; however, timeframes were not completed as required for three residents. Six-monthly reviews were not always completed within required timeframes.		
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners 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</p>	PA Low	<p>Assessments and care plans are documented by the registered nurses. The care plans are individualised and reflect resident preferences; however, not all assessments and care plan interventions were documented in sufficient detail to guide the resident needs. Five of eight resident care plans reviewed identified sufficient interventions to guide the resident's current care needs.</p>	<p>(i).One rest home resident requiring analgesia management, mobility and falls prevention strategies were insufficiently recorded to manage the needs of the residents.</p> <p>(ii).One resident in the dementia unit had insufficient management strategies documented related to nutrition and hydration, activities of daily living and behaviour/delirium/mood.</p> <p>(iii).One resident in the dementia unit had insufficient management strategies for behaviour and mobility needs.</p>	<p>(i).- (iii). Ensure all care plan interventions are current, individualised and reflect the assessed needs of residents.</p> <p>90 days</p>

<p>that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>				
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	<p>PA Moderate</p>	<p>The service has comprehensive policies related to assessment, support planning and care evaluation. A range of electronic monitoring charts are available for the care staff to utilise. Monthly observations such as weight and blood pressure were completed and are up to date; however, repositioning charts were not always completed as required. The wound register, wound assessments, plans and reviews were reviewed; however, wounds are not always reviewed as scheduled. Progress notes were documented each shift by caregivers; however, RN entries were not completed as per policy. Falls management policies clearly document requirements for neurological observations; however, these policies have not been consistently followed.</p>	<p>(i). Three of ten incident reports where neurological observations required evidenced these were commenced but not completed within the required policy framework. (One fall related to the new 'Promisia falls management Kaupapa' policy and two related to the preceding policy).</p> <p>(ii). Progress notes for two residents in the dementia unit and two hospital level residents did not have progress notes completed by RNs within the daily/weekly timeframes.</p> <p>(iii). One hospital resident required repositioning due to high risk of a pressure injury did not have a monitoring chart completed as scheduled.</p> <p>(iv). Seven of nine current wounds were not completed as scheduled in the management plan.</p>	<p>(i). Ensure neurological observations are completed according to the policy for unwitnessed falls.</p> <p>(ii). Ensure progress notes reflect RN reviews within required timeframes as per policy.</p> <p>(iii). Ensure repositioning charts are completed as scheduled.</p> <p>(iv). Ensure wounds dressing occur as scheduled.</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.