

B.J.M.H.Enterprises Limited - Killarney Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: B.J.M.H.Enterprises Limited

Premises audited: Killarney Rest Home

Services audited: Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 26 June 2025 End date: 27 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: 22

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

General overview of the audit

Killarney Rest Home is owned and operated by B.J.M.H.Enterprises Limited. The service provides care for up to 22 residents at dementia and rest home levels of care. On the day of the audit there were 22 residents.

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard and the contract with Health New Zealand - Te Whatu Ora. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, management, the general practitioner, and staff.

Killarney Rest Home is governed by the owner/manager, who is supported by a clinical nurse manager (registered nurse). All have extensive experience in managing an aged care facility. Quality systems and processes are implemented. Feedback from residents was positive about the care and the services provided. The service continues to upgrade and maintain the facility and has purchased new lounge furniture.

The certification audit identified the service meets the Standard.

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.

Killarney Rest Home provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan in place. There were Māori residents at the time of the audit. Cultural assessments inform the Māori care plan.

Residents receive services in a manner that considers their dignity, privacy, and independence. The staff were observed listening and respecting the voices of the residents and effectively communicating with them about their choices.

There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

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 business plan includes a mission statement and operational objectives. The service has quality and risk management systems established that take a risk-based approach. Staff meetings are scheduled monthly. Quality data is collated and analysed. Corrective actions are implemented where opportunities are identified. A number of quality initiatives are being implemented.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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On entry to the service, information is provided to residents (and their family/whānau if engaged with the resident) 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, and long-term care plans are developed and implemented. The general practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Residents' files reviewed demonstrated evaluations were completed at least six-monthly. Residents who identify as Māori 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 (with diversional therapist oversight). The activity programme provides residents with a variety of individual, group activities 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. A contracted dietitian reviews the menu plans. Residents confirmed satisfaction with meals provided.

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 certificate. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. There are communal shower rooms and toilets with privacy locks. Rooms are personalised. The dementia unit is secure.

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

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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The implemented infection prevention and antimicrobial stewardship programme is appropriate to the size and complexity of the service. A trained infection prevention coordinator leads the programme. Specialist infection prevention advice is accessed when needed.

Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through regular education. Surveillance of healthcare-associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There have been two outbreaks of infection reported since the last audit that were managed effectively.

There are processes in place for the management of waste and hazardous substances. All staff have access to appropriate personal protective equipment. Cleaning and laundry processes are sufficient to cover the size and scope of the service. Cleaning and laundry processes are monitored for effectiveness.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit there were no residents using a restraint. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	169	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The Māori health plan refers to local Māori health care providers and provides recognition of Māori values and beliefs. Family/whānau involvement is encouraged in assessment, care planning and evaluation and visiting is encouraged, evidenced during interviews with three rest home residents and three family/whānau of dementia level residents. The Māori health plan specifies care is delivered according to the agreed principles of tino rangatiratanga, equity, active protection, options, and partnership.</p> <p>During the audit, there were residents who identified as Māori living at the facility. Residents who identify as Māori and one whānau member interviewed confirmed details of cultural assessments which linked to their care plans, and they had input into these documents. Documentation reflected their individual values and beliefs.</p> <p>Linkages are in place with local Māori community organisations, including Huria Trust and Ngai Te Ahi Ngāti He Hauora, and the service embeds tikanga Māori in the everyday culture of the facility. The facility manager confirmed that the service supports a Māori workforce, with staff identifying as Māori at the time of the audit. The service has staff who can speak te reo Māori. Māori staff interviewed stated that they speak te reo Māori to residents who are able to</p>

		<p>understand. A number of staff have completed He Papa Tikanga language and tikanga course at Te Wānanga o Aotearoa, in order to further enhance the cultural responsiveness of the service.</p> <p>Interviews with owner/manager, the clinical nurse manager, and staff (two healthcare assistants, one activities coordinator, housekeeper, maintenance and cook), residents, and family/whānau were able to describe how care is based on the resident’s individual values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>There is a Pacific health plan and cultural policy in place that encompasses the needs of Pasifika and addresses the Ngā Paerewa Health and Disability Services Standard.</p> <p>There were no residents at the time of the audit that identify as Pasifika; however, the service has had Pacific residents in the past and still maintains links with the local Pacific Island Community Trust, who has visited and provided cultural support for previous Pacific residents. On admission, ethnicity information and Pacific people’s cultural beliefs and practices that may affect the way in which care is delivered, is documented. The service captures and collates ethnicity data.</p> <p>The residents/whānau are encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs are documented in each resident’s care plan and activities plan.</p> <p>When new staff are recruited, the owner/manager encourages and supports any staff that identify as Pasifika through the employment process and provides equitable employment opportunities for the Pacific community. There were staff members that identified as Pasifika at the time of the audit.</p> <p>Discussions with the owner/manager, staff, residents and family/whānau and documentation reviewed identified that the service uses a person-centred approach for people using the services, and family/whānau as the guiding ethos of their service.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The clinical nurse manager discusses aspects of the Code with residents and their family/whānau on admission.</p> <p>Discussions relating to the Code are held during the three-monthly resident/family meetings. All families/whānau interviewed reported the residents' rights are being upheld by the service. They confirmed the residents are treated with respect and their independence is supported and encouraged.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available to residents and family/whānau. There are links to spiritual supports.</p> <p>Staff receive education in relation to the Code at orientation and through the annual training programme, which includes (but is not limited to) understanding the role of advocacy services. Code of Rights education last took place in May 2025, when the Health and Disability Advocate visited the facility and provided education on the Code for both staff and residents. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake through its Māori health plan and staff could describe how they fully support the values and beliefs of any Māori residents and whānau utilising the service.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support, with examples provided. Residents, families/whānau, and healthcare assistants interviewed confirmed the support available regarding freedom of choice.</p> <p>The annual training plan reflects training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. The service sends out</p>

		<p>resident and family/whānau satisfaction surveys annually (sighted), and the results of these confirmed that residents and families/whānau are treated with respect. This was also confirmed during interviews with families/whānau.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Families/whānau interviewed were positive about the service in relation to each resident's values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place.</p> <p>Staff actively promote te reo Māori, tikanga Māori and attend cultural training that covers Te Tiriti o Waitangi and tikanga Māori best practice.</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>An abuse and neglect policy is in place. The policy is a set of standards and outlines the behaviours and conduct that all staff employed at Killarney Rest Home are expected to uphold. The policies are designed to prevent any form of discrimination, coercion, harassment, or any other exploitation. Staff are trained in cultural awareness and are required to pass cultural competency assessments. The service celebrates cultural diversity throughout the year by holding cultural days.</p> <p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff interviewed</p>

		<p>could describe the process of reporting allegations of abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents and families/whānau interviewed confirmed staff are very caring, supportive and respectful.</p> <p>Police checks are completed as part of the employment process. The service liaises with families/whānau, who manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p> <p>There are short-term and long-term objectives in the Killarney Rest Home Māori health plan and cultural policy that provides a framework and guide to improving Māori health and a leadership commitment to address inequities.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information about the service is provided to prospective residents and their family/whānau. This includes information on the Code, right to advocacy, how to make a complaint, what services are provided, and associated costs. Annual resident surveys and three-monthly meetings identify feedback from residents and family/whānau and consequent follow up by the service. The service also keeps residents up to date through frequent memos and notices.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau, next of kin or enduring power of attorney of any accident or incident that occurs. All communication with family/whānau and members of the multidisciplinary team is documented in the resident files. Incident forms reviewed identified family/whānau are kept informed and this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English.</p>

		<p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident, should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and specialist services (eg, physiotherapist, clinical nurse specialist for wound care, mental health services for older people, hospice nurse, speech language therapist and dietitian). The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with in regard to services involved. The owner/manager described an implemented process around providing residents with an unrushed environment which facilitates time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, 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>Resident files reviewed included informed consent forms signed by either the resident or enduring power of attorney/welfare guardian. Consent forms for Covid-19 and influenza vaccinations are also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making, where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted in the sample of files reviewed. Copies of enduring power of attorneys or welfare guardianship were in resident files where available. Certificates of mental incapacity were in evidence for the dementia level files reviewed. Enduring power of attorneys were activated and on file for residents in the dementia unit.</p>

<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The clinical nurse manager maintains a record of all complaints, both verbal and written, by using a complaint register. This is shared with the owner/manager during their daily informal meetings. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>The complaints logged were classified into themes, such as food related or quality of care, in the complaints register. There were no complaints in 2024. There was one complaint in April 2025, and the records show the complaint was handled respectfully, included an investigation, follow up and reply to the complainant. The complaint was fully resolved to the satisfaction of the complainant. There has been one complaint via Health New Zealand in May 2025. The service was requested by Health New Zealand to respond directly to the complainant, which the owner/manager did with a copy of the response to Health New Zealand. The owner/manager is awaiting a response back from Health New Zealand.</p> <p>Staff are informed of complaints and any subsequent corrective actions in the staff/quality meetings (meeting minutes were sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held three-monthly and both owner/manager and clinical manager have an open-door policy. Residents and family/whānau making a complaint can involve an independent support person/advocate in the process if they choose to do so. Residents and family/whānau interviewed expressed the clinical nurse manager, registered nurses, and owner/manager are open to discuss any issues as they arise.</p>
<p>Subsection 2.1: Governance</p>	<p>FA</p>	<p>Killarney Rest Home, located in Tauranga, is certified for nine rest home level and thirteen dementia level beds. At the time of audit,</p>

<p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>there were 22 residents in the facility (nine rest home level and thirteen dementia level). All residents were on the age-related residential care agreement (ARRC).</p> <p>The owners/manager is the governing body for BJMH Enterprises Ltd, trading as Killarney Rest Home. The owner/manager was able to describe the company quality goals, organisation philosophy and strategic plan, which reflect a person/family centred approach to all services. There is a 2025 business plan that outlines objectives for the period. Objectives are signed off when fully attained.</p> <p>The service is managed by the owner/manager, with the support of an experienced clinical nurse manager who is a registered nurse. The owner/manager has owned the facility since 2014, and the clinical nurse manager has been in her role since 2016. Both have extensive experience in aged care management within New Zealand and are responsible for clinical governance. Both managers have maintained at least eight hours annually of professional development related to managing an aged care facility. This includes cultural training, the completion of a competency questionnaire, and meetings and training sessions with Health New Zealand.</p> <p>There have been a number of cultural initiatives implemented. They have Māori staff who speak te reo Māori and teach other staff some of the language. There is extensive signage in te reo Māori and some staff have completed external training in tikanga. The owner/manager continues to put time and effort into diversity across their service.</p> <p>Residents receiving services and whānau are supported to participate in the planning, implementation, monitoring and evaluation of service delivery through surveys, meetings and an open-door management policy.</p> <p>The owner/manager consults with mana whenua (via a staff member) in business planning, organisational policy, and service development to improve outcomes and achieve equity for Māori, by identifying and addressing barriers for Māori to provide equitable service delivery. This consultation also assists the owner/manager to explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Killarney Rest Home has an established quality and risk management programme provided by an external consultant, who is well-known and respected within the industry. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Internal audits are completed as per the internal audit schedule. Clinical indicator data such as falls, skin tears, infections, and episodes of behaviour of concern is collected, with evidence of data shared in staff meetings.</p> <p>Staff meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints received; staffing; and education. Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved. Resident and family/whānau satisfaction surveys are completed each year during the month of October. Surveys completed annually reflect high levels of resident and family/whānau satisfaction, with a trend for increased satisfaction in all areas measured, including cleaning; food; activities; laundry; gardening; and safety and security, compared to 2023. This was also confirmed during interviews with families/whānau.</p> <p>A number of quality initiatives have been implemented in 2024 and 2025, including: improving cultural safety with increased signage in te reo Māori in communal areas and some residents rooms; introduction of a phrase of the month in te reo Māori; activities staff to undertake a course in Māori art and craft; introduction of an alcohol use/dependency assessment on admission following a previous incident, where the staff were not informed by the referrer of a new resident's alcohol dependency and the resident had rapidly declined due to alcohol withdrawal, resulting in hospital admission; replacement of furniture in the lounge; and improving short-term care plans for residents with infections.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. A document control system is in place. Policies are regularly reviewed and reflect updates to the 2021 Ngā Paerewa Standard.</p>
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		<p>A health and safety system is implemented, with the clinical nurse manager acting in the role of health and safety officer. There is a healthcare assistant designated as health and safety representative. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually. Each staff is assessed on their competency in regard to health and safety, via a validation questionnaire they must complete each year.</p> <p>Each incident/accident is documented in hard copy. The accident/incident forms reviewed from 2024 and 2025 included witnessed and unwitnessed falls, skin tears and episodes of behaviours of concern, and indicated that the forms are completed in full and are signed off by the clinical nurse manager. Incident and accident data is collated monthly and analysed. Results are discussed in the staff meetings.</p> <p>Discussions with the clinical nurse manager evidenced their awareness of their requirement to notify relevant authorities in relation to essential notifications. Three Section 31 reports were submitted since the last audit. There have been no reports to the Health Quality and Safety Commission since the last audit. Since the last audit there have been two outbreaks, which were appropriately notified.</p> <p>The management assesses staff cultural competency to ensure a high-quality service is provided for Māori. The owner/manager also ensures critical analysis of practice is undertaken in order to improve health equity.</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</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support. Interviews with staff confirmed their workload is manageable, and the service works together as a team, should any staff member call in as unavailable. Vacant shifts are covered by available healthcare assistants, registered nurses and management if required. Out of hours on-call cover is shared between the clinical</p>

<p>managed to deliver effective person-centred and whānau-centred services.</p>		<p>nurse manager, registered nurse and owner/manager. The senior registered nurse performs the clinical manager's role in her absence.</p> <p>The clinical nurse manager and owner/manager are available Monday to Friday, and a registered nurse also works on Mondays and Tuesdays. There are two healthcare assistants on each shift covering the 24-hour period. Review of the rosters show absences are covered.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Cultural awareness competencies were sighted, which included the provision of safe cultural care, Māori world view, health equity, and the Treaty of Waitangi. This training is facilitated by an external consultant. External training opportunities for healthcare assistants and registered nurses include training through the local hospital, hospice, and nearby Māori tertiary education provider.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Eleven healthcare assistants are employed. The Killarney Rest Home orientation programme ensure core competencies and compulsory knowledge/topics are addressed. Five healthcare assistants have achieved a level 4 NZQA qualification, three level 3, and three level 1. All healthcare assistants work across rest home and dementia level care. Six healthcare assistants have achieved the dementia unit standards; two have completed training and are awaiting their certificates; one is currently undergoing the training; and two recently employed staff members are yet to commence the training.</p> <p>All staff are required to complete competency assessments as part of their orientation. All healthcare assistants are required to complete annual competencies for restraint; hand hygiene; correct use of personal protective equipment (PPE); medication administration/insulin administration (if medication competent); moving and handling; wound management; and the ageing process. A record of completion is maintained on a paper register.</p> <p>There are three RNs, two are interRAI trained. Registered nurses</p>
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		<p>have completed training on medication management, infection control, dementia, medical conditions, and other training offered to healthcare assistants. External training opportunities are also available.</p> <p>Staff interviewed confirmed the work environment is positive and supportive and they work together as a team.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are securely stored. Six staff files reviewed (two healthcare assistants, one cook, one cleaner, one registered nurse and one activities coordinator) evidenced implementation of the recruitment process, employment contracts, police checking, and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and healthcare assistants to provide a culturally safe environment for Māori.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Following any staff incident or accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>

<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in a mixture of hard copy and an electronic format (medication). Electronic information is regularly backed up using cloud-based technology and is password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and are easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>The service is not responsible for NHI registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>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>On enquiry, an information booklet detailing entry criterion is provided to prospective residents and their family/whānau. There is a resident admission policy that defines the screening and selection process for admission. Review of residents' files confirmed that entry to service complied with entry criteria.</p> <p>The service has a process in place if access is declined, should this occur. It requires that when residents are declined access to the service, residents and their family/whānau, the referring agency, and general practitioner (GP) are informed of the decline to entry. Alternative services when possible are to be offered and documentation of reason in internal files. The resident would be declined entry if not within the scope of the service, or if a bed was not available.</p> <p>The needs assessment service coordination (NASC) assessments are completed prior to entry to the service to determine the level of care. The admission policy requires the collection of information that</p>

		<p>includes (but is not limited to) ethnicity; spoken language; interpreter requirements; iwi; hapu; religion; and referring agency. Interviews with residents and review of records confirmed the admission process was completed in a timely manner.</p> <p>Residents' ethnicity is being collected and analysed by the service. The clinical nurse manager described relationships with identified Māori service provider groups within the community.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The clinical nurse manager and registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Five resident files reviewed included two at rest home level, and three at dementia level of care. Initial care plans are developed in partnership with the residents/EPOA within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history and information from pre-entry assessments.</p> <p>The individualised long-term care plans are developed with information gathered during the initial assessments and the interRAI assessment. The long-term care plans and interRAI assessments sampled had been completed within three weeks of the resident's admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs. Short-term care plans are developed for acute problems (eg, infections, wounds, and weight loss).</p> <p>The residents who identified as Māori have a Māori health care plan in place, which describes the support required to meet their needs. The registered nurse and clinical nurse manager interviewed describe removing barriers so all residents have access to information and services required to promote independence. They also described working alongside residents and relatives when developing care plans, so residents can develop their own pae ora outcomes.</p> <p>The initial medical assessment is undertaken by the GP within the required timeframe following admission. Residents have reviews by the GP within required timeframes and when their health status</p>

	<p>changes. There is documented evidence of the exemption from monthly GP visits, when the resident's condition is considered stable. The GP visits the facility at least weekly. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. The facility is provided access to an after-hours service by the GP. A physiotherapist visits the facility as required and reviews residents referred by the clinical nurse manager or RNs.</p> <p>Contact details for family are recorded in the clinical file. Resident records evidenced that family/whānau are informed where there is a change in health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Current wounds included skin tears and abrasions. The clinical nurse manager advised that if a wound required additional specialist input, this would be initiated and a wound nurse specialist consulted.</p> <p>The nursing progress notes are recorded and maintained. Monthly observations, such as weight and blood pressure, were completed and are up to date. Each event involving a resident, triggers a clinical assessment and the timely follow up by a registered nurse. Registered nurses collaborate with HCAs to evaluate interventions for individual residents at risk of falling. Neurological observations reviewed evidenced these were recorded for unwitnessed falls and/or suspected injuries to the head as per policy, or with documentation if the residents refused to have the observations completed. Opportunities to minimise future risks are identified by the clinical manager in consultation with RNs and HCAs.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift.</p> <p>Resident care is evaluated on each shift and reported at handover</p>
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		<p>and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI reassessments, and when there is a change in the resident's condition. Evaluations are documented by the RN. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The residents' activities programme is implemented by two part-time activities coordinators and the team of HCAs. The activity plan for the year is reviewed and signed off by a qualified diversional therapist (previous full-time DT at the facility). Activities for the residents are provided Monday to Friday, with HCAs having access to trolleys with table games, puzzles, quizzes, and other resources to assist with activities after hours and weekends. A selection of movies is available for residents. The activities programme is displayed on a noticeboard in the communal area and on individual resident noticeboards. The activities programme provides variety in the content and includes a range of activities which incorporate education, leisure, cultural, spiritual and community events. For those residents who choose not to take part in the programme, one on one visits from the activities staff occur regularly. Weekly outings are organised, and regular visits from community visitors occur. Church services are held regularly, with communion, and multi-denominational services available.</p> <p>The activities team integrates te reo Māori in the daily programme, with the use of te reo Māori phrases and everyday words as part of the daily activities programme. Cultural celebrations have included Māori language week, Te Tiriti o Waitangi and Matariki celebrations. Kapa haka, poi making and harakeke (flax) weaving form part of the activities on offer, and family/whānau participation in the programme is encouraged. Activities for residents in the dementia unit include walks in the secure garden, colouring, puzzles, quiz and one-on-one chats. Residents were observed participating in a variety of activities on the days of the audit. There were 24-hour activity plans completed for residents in the dementia unit.</p>

		<p>The residents' activities assessments are completed by the activities coordinators in conjunction with the RNs on admission to the facility. Information on residents' interests, family and previous occupations is gathered during the interview with the resident and/or their family/whānau and documented. The activity assessments include a cultural assessment which gathers information about cultural needs, values and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. The residents' activity needs are reviewed six-monthly at the same time as the care plans and are part of the formal six-monthly multidisciplinary review process.</p> <p>The residents and their family/whānau reported satisfaction with the activities provided. Over the course of the audit, residents were observed engaging and enjoying a variety of activities. Regular resident meetings are held and include discussion around activities.</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>A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. A safe system for medicine management using an electronic system was observed on the day of audit. Prescribing practices are in line with legislation, protocols and guidelines. The required three-monthly reviews by the GP were recorded. The medication charts reviewed had allergies documented and were completed correctly.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures and medication room temperatures are monitored daily. Medications are stored securely in accordance with requirements.</p> <p>The staff observed administering medication demonstrated knowledge and at interview, demonstrated clear understanding of their roles and responsibilities related to each stage of medication management, and complied with the medicine administration</p>

		<p>policies and procedures. All staff who administer medications have current competencies in place. The RN oversees the use of all pro re nata (PRN) medicines and documentation made regarding effectiveness was sighted. Current medication competencies were evident in staff files.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the clinical nurse manager or registered nurses. Medication information for residents and family/whānau can be accessed online as needed.</p> <p>There were no residents self-administering medication on the day of the audit; however, policy and procedures including assessment, review and the provision of safe storage were in place should it be required. Standing orders are used; documented indications for use had been reviewed and authorised by the GP at least annually.</p> <p>The medication policy describes use of over-the-counter medications and traditional Māori medications and the requirement for these to be discussed with and prescribed by a medical practitioner. Interview with RN and clinical manager confirmed that where over the counter or alternative medications were being used, they were added to the medication chart by the GP, following discussion with the resident and/or their family/whānau.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>A nutritional assessment is undertaken by the RN for each resident on admission to identify the residents’ dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident’s dietary needs change. Diets are modified as needed and the cook at interview confirmed awareness of the dietary needs, likes, dislikes, and cultural needs of residents. These are accommodated in daily meal planning. For residents identifying as Māori, information is gathered regarding nutritional needs and preferences during the initial assessment, and during the development of their individual Māori care plan.</p> <p>All meals are prepared on site and served in the dining room, or in the residents’ rooms if requested. There is a main dining room for the facility, located near to the kitchen. Meals are served directly</p>

		<p>from the kitchen into the dining room, or delivered on a tray to the resident's room. The temperature of food served is taken and recorded. Residents were observed to be given sufficient time to eat their meal, and assistance was provided when necessary. The food service is provided in line with recognised nutritional guidelines for older people. The seasonal menu has been developed by a dietitian. The food control plan is current. The kitchen staff have relevant food handling and infection control training. The kitchen was observed to be clean, and the cleaning schedules sighted. All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. Food is stored appropriately in fridges and freezers. Temperatures of fridges and the freezer are monitored and recorded daily. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.</p> <p>On interview, the cook was familiar with the concepts of tapu and noa. The cook discussed occasions where the service has provided culturally appropriate meal services and has menu options available for Māori and Pasifika.</p> <p>Discussion and feedback on the menu and food provided is sought at the residents' meetings and in the annual residents' survey. Residents and family/whānau interviewed stated that they were satisfied with the meals provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and</p>	<p>FA</p>	<p>There is a documented policy that relates to resident transfer and discharge. Transition, discharge or transfer is managed in a planned and coordinated manner and includes ongoing consultation with residents and family/whānau. The service facilitates access to other medical and non-medical services. Residents and family/whānau are advised of options to access other health and disability services, social support or Kaupapa Māori agencies, if indicated or requested.</p> <p>Where needed, referrals are sent to ensure other health services, including specialist care, is provided for the resident. Referral forms and documentation are maintained on resident files. Referrals are</p>

<p>coordinate a supported transition of care or support.</p>		<p>regularly followed up. Communication records reviewed in the residents' files, confirmed family/whānau are kept informed of the referral process.</p> <p>Interviews with the clinical nurse manager, RN and review of residents' files confirmed there is open communication between the service and the resident. Relevant information is documented and communicated to health providers.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>There is a building warrant of fitness certificate that expires on 27 August 2025. Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, residents' equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Checking and calibration of medical equipment, hoists and scales was completed annually as scheduled. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for rest home and dementia level of care residents.</p> <p>All corridors have safety rails that promote safe mobility. Corridors are spacious, and residents were observed moving freely around the areas with mobility aids, where required. There are comfortable looking lounges for communal gatherings and activities. The building has two lounge areas, with two outdoor garden/patio spaces suitable for residents in both the rest home and dementia units. The home has adequate space for equipment, individual and group activities, and a quiet space for people receiving services and seeing their family/whānau. There are vinyl floors in the dining rooms and carpet in the lounges, hallways and bedrooms.</p> <p>The grounds and external areas are well maintained. External areas are independently accessible for residents in the rest home level, with an easy-read coded exit for the main door. Residents in the dementia unit have access to the secure gardens around the facility. All outdoor areas have seating and shade. There is safe access to all communal areas.</p>

		<p>Residents' rooms are personalised according to the resident's preference. Toilets are of a suitable size to accommodate equipment and the activity required for the residents. All rooms have external windows to provide natural light and have appropriate ventilation and heating. There are adequate numbers of accessible bathroom and toilet facilities. The toilets are conveniently located throughout the facility and are identifiable. Furniture and fittings are well maintained. All bedrooms and communal areas have ample natural light and ventilation. There are radiators or heat pumps in all areas. The temperature was a good ambient temperature on the day of the audit. Staff and residents interviewed stated that this is effective.</p> <p>Home decorations reflect the culture of the resident group. There has been no construction nor are there any plans for building development. The owner/manager understood the need to consult and invite input from local tāngata whenua and hapu to ensure new designs reflect the aspirations of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines 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.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A recent fire evacuation drill has been completed, and this is repeated every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in the nurses' station and checked at regular intervals.</p> <p>In the event of a power outage, there is a generator available which is hired locally, for which the service has a written memorandum of understanding to prioritise them in case of an emergency, and gas cooking. There are adequate supplies in the event of a civil defence emergency, including water stores to provide residents and staff with four litres per day, for a minimum of three days. Emergency</p>

		<p>management is included in staff orientation and external contractor orientation and is included as part of the education plan. A minimum of one person trained in first aid is available 24/7.</p> <p>There are call bells in the residents' rooms, communal toilets, bathrooms, and lounge/dining room areas. These are audible and are displayed on attenuating panels to alert care staff to who requires assistance. Residents were observed to have their call bells near to them. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, and staff complete security checks. Visitors and contractors are required to sign in on entry. The dementia unit is secure at all times.</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 programme and antimicrobial stewardship (AMS) programme is linked to the quality improvement programme, that is reviewed and reported on annually. The clinical nurse manager (who is the designated infection control coordinator) reported they have full support from the owner/manager with regard to infection prevention matters. This includes time, resources, and training. The clinical nurse manager has appropriate skills, knowledge, and qualifications for the role and has previously attended education through Health New Zealand and online training on infection prevention, Covid -19 pandemic, and antimicrobial use, as verified in training records. Staff meeting minutes show all monthly meetings include discussions regarding any infections and reminders to staff on hand hygiene.</p> <p>Significant infection control events are managed through the incident/accident process and filter through into the risk management and quality surveillance process. The local hospital infection control team, public health unit and the contracted general practitioner are available, should advice be needed on infection control or AMS concerns. Additional support and information are accessed from the laboratory if required.</p> <p>The infection control policies are provided by an external advisory company and reflected the requirements of the standard and are</p>

		<p>based on current accepted good practice. Policies include AMS requirements. Cultural advice is accessed through the Health New Zealand where appropriate. Staff are familiar with policies and were observed to follow these correctly. Residents and their family/whānau are educated about infection prevention in a manner that meets their needs.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The clinical nurse manager is the infection prevention coordinator (IPC). The IPC is responsible for overseeing and implementing the infection control programme, with reporting lines to the owner/manager. The IPC role, responsibilities and reporting requirements are defined in their job description. The IPC is involved when there are upgrades or renovations to ensure infection control standards are maintained. The IPC has received external training through the local hospital. The IPC has access to residents' records and diagnostic results, to ensure timely treatment and resolution of any infections.</p> <p>The infection control programme was provided by an external consultant who is well known and respected within the industry, and has been approved by the owner/manager. Rates and types of infection and the use of antimicrobials are linked to the quality system and analysed on a monthly basis to identify trends. The IP programme was last reviewed in December 2024. There is a pandemic response plan in place and staff receive ongoing training in the pandemic plan. Sufficient stocks and supplies, including personal protective equipment, were sighted to manage a potential outbreak of infection.</p> <p>Staff have received education around infection control at orientation and through ongoing annual education sessions. Education is provided by an external provider and the IPC. Content of the training is documented and evaluated to ensure it is relevant, current, and understood. Additional staff education has been provided in response to Covid-19 pandemic. Education with residents was on an individual basis and has included reminders about handwashing, advice about remaining in their room if they are unwell, and increasing fluids during hot weather. This was confirmed in the</p>

		<p>short-term care plans sampled.</p> <p>The IPC has input into other related clinical policies that impact on healthcare-associated infection (HAI) risk. The IPC liaises with the owner/manager on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers.</p> <p>Medical reusable devices and shared equipment is appropriately decontaminated based on recommendations from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a cleaning policy to guide staff. Annual infection control audits are completed, and where required, corrective actions were implemented.</p> <p>Care delivery, cleaning and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique, and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility.</p> <p>The Māori health plan in use has guidance to practices regarded as tapu by Māori, and are applicable to the infection control programme. For example, tea towels are only used for drying dishes, and are washed separately from other linen. The IPC reported that residents who identify as Māori will be consulted on infection control requirements as needed. In interviews, staff understood these requirements. The IPC stated educational resources in te reo Māori is provided as per residents' request. There are signs in te reo Māori posted by handbasins on hand hygiene.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p>	<p>FA</p>	<p>The implemented antimicrobial stewardship (AMS) programme is appropriate for the size, scope and complexity of the service and has been approved by the owner/manager. The antimicrobial stewardship policy in place aims to limit the use of antibiotics to situations where they deliver the greatest clinical benefit and minimise harm.</p>

<p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>The effectiveness of the AMS programme is evaluated by monitoring the quantity of antimicrobial prescribing, the types of antimicrobials used, administration, and occurrence of adverse effects. Monthly antibiotic use statistics were recorded and monitored.</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>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored and reviewed monthly. The data is collated and analysed to identify any significant trends or common possible causative factors, and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory including Covid-19, and any identified multidrug-resistant organisms. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Ethnicity data is included in surveillance data.</p> <p>Regular infection prevention audits are completed, including cleaning, laundry and hand hygiene. Relevant corrective actions are implemented where required.</p> <p>Staff reported they are informed of infection rates and regular audit outcomes at monthly staff meetings and through compiled reports. Records of monthly analysis sighted confirmed the total number of infections, comparison with the previous month, reason for increase or decrease, and action advised. Residents and family/whānau are advised of any infections identified where required. This was confirmed in short-term care plans sampled, and verified in interviews with residents and family/whānau.</p> <p>Since the last audit, there have been two outbreaks of infection: Influenza A in July 2024, affecting six residents; and Covid-19 in February 2025, affecting 21 of 22 residents. The outbreaks were appropriately notified, managed and staff debriefed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in</p>

<p>the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>the laundry and in the cleaner’s room. Cleaning products were in labelled bottles. Cleaners ensure chemicals are safely stored when not in use. There was sufficient amount of PPE available, which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge and understanding about donning and doffing of PPE.</p> <p>There is a designated cleaner on-site daily. The facility was observed to be clean throughout and interviews with residents and family/whānau confirm the facility is kept clean. The cleaners have attended training appropriate to their roles, including chemical safety. There are regular internal audits to monitor the environment and cleanliness, which are reviewed by the IPC. These did not reveal any significant issues.</p> <p>Healthcare assistants are responsible for laundry services, which are completed on site. The laundry is clearly separated into clean and dirty areas. Clean laundry is delivered back to the resident in named baskets. The effectiveness of laundry processes is monitored by the internal audit programme. Resident surveys confirmed satisfaction with cleaning and laundry processes.</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 restraint approval process is described in the restraint policy, and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. The clinical nurse manager is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the restraint coordinator described the organisation’s commitment to restraint elimination and implementation across the organisation. The reporting process to the owner/manager includes restraint data that is gathered and analysed monthly. There are processes for assessment, consent, monitoring, and evaluation, should restraint use be required. The GP at interview confirmed involvement with the restraint approval process. Family/whānau approval is gained should any resident be unable to consent, and any impact on family/whānau is also</p>

		<p>considered.</p> <p>On the day of the audit there were no residents utilising restraint. Restraint is used as a last resort, when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint elimination. Regular training occurs. Review of restraint use is completed and discussed at all staff meetings. Training for all staff occurs at orientation and annually.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

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.