

Presbyterian Support Services Otago Incorporated - Taieri Court 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: Presbyterian Support Otago Incorporated

Premises audited: Taieri Court Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 23 June 2025 End date: 24 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: 29



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

Taieri Court Rest Home is one of nine aged care facilities managed by Presbyterian Support Otago. The service is certified to provide rest home level of care for up to 33 residents. At the time of the audit there were 29 residents in total.

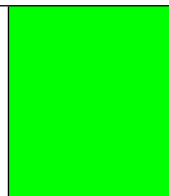
This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau, management and staff. The general practitioner was not available.

The nurse manager has considerable experience in the aged care industry and is supported by the Presbyterian Support Otago clinical nurse advisor, quality advisor, and the wider senior management team. There is a focus on delivering person-centred care for all residents, encompassing the Enliven Philosophy in all aspects of service delivery.

This certification audit identified shortfalls related to registered nurse weekly evaluations and medication management.

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.

A Māori health plan is documented for the service. The service works to embrace, support and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is also documented. Staff demonstrate an understanding of residents' rights. The staff support residents and family/whānau in a way that is inclusive and respects their identity and their experiences.

There is evidence 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 staff and nurse manager.

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 strategic and business documents include a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

Health and safety is appropriately managed to ensure the safety of residents and staff.

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

Rosters evidenced adequate staff on each shift. A role specific orientation programme and regular staff education and training are in place. Staff complete annual competencies related to their roles. There is safe storage of staff and resident information.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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There is an admission package available prior to or on entry to the service. The nurse manager and registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

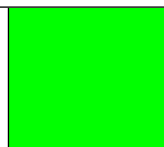
There is an interesting and varied activity programme, which includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Medication policies reflect legislative requirements and guidelines. Registered nurses and healthcare assistants responsible for administration of medicines have completed annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs. The service has a current food control plan.

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.

The facility meets the needs of residents and was clean and well-maintained. A preventative maintenance programme is being implemented. There is a current building warrant of fitness in place. Clinical equipment has been tested and calibrated as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. The facility vehicle has a current registration and warrant of fitness.

There are appropriate emergency equipment and supplies available. There is an approved evacuation scheme and fire drills are conducted six-monthly. A staff member is on duty on each shift who holds a current first aid certificate. Staff, residents and family/whānau understood emergency and security arrangements. Hazards are identified with appropriate interventions implemented. Residents and family/whānau reported a timely staff response to call bells. Security is maintained.

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

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

Subsections applicable to this service fully attained.

The infection prevention and control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection prevention and control programme have been developed and approved at organisational level. All staff have completed education in relation to infection control and Te Tiriti O Waitangi. Resources in te reo Māori are available. Antimicrobial stewardship is monitored. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The restraint coordinator is a registered nurse. The service is committed to a restraint-free environment. There are currently no residents using restraint. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are completed. The service considers least restrictive practices, implement diversion, de-escalation techniques and alternative interventions and only use 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	25	0	2	0	0	0
Criteria	0	166	0	2	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>A Māori health plan and associated best practice cultural policies are documented and available to staff. Te Tiriti o Waitangi is central to the identity of Presbyterian Support Otago (PSO) and their commitment to partnership. The organisation seeks to honour and give effect to the principles of partnership, protection and participation and seek to work with their iwi, Ngāi Tahu mana whenua, in ways that align to the dreams and aspirations for Ngāi Tahu. Presbyterian Support Otago acknowledges and is committed to providing services in a culturally appropriate manner and to ensure that the integrity of each person's culture is acknowledged, respected, and maintained. The strategic plan includes strategies outlining how the organisation evidences the implementation of Te Tiriti o Waitangi through all levels of service.</p> <p>PSO has affiliations with nine local iwi. The organisation seeks input from stakeholders to ensure culturally safe service provision. There is regular engagement and whakawhanaungatanga between Ngāi Tahu, Presbyterian Support Otago (PSO), and Taieri Court Rest Home.</p> <p>Te Whare Tapa Wha Māori model of health, the importance of Te Tiriti o Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents is covered in staff</p>

		<p>training. Elements of this are woven through other training as appropriate. The Enliven philosophy and approach means each person's cultural needs are considered individually.</p> <p>The nurse manager supports increasing Māori capacity by employing more Māori staff members. On the day of the audit, there were no residents or staff who identified as Māori at Taieri Court Rest Home; however, there are staff members employed throughout the organisation in a variety of roles, and they can provide advice or support.</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>	FA	<p>There is a comprehensive Pacific health plan developed by the organisation in consultation with Pacific advisors from Health New Zealand. The plan focuses on achieving equity and efficient provision of care for Pasifika and is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in different languages according to individual resident need.</p> <p>On the day of the audit, there were no staff or residents who identified as Pasifika. The nurse manager described how they would support applicants who identify as Pasifika, through the employment process. PSO has several staff from a variety of cultures. When the need to make linkages is identified, relevant staff are consulted to assist with identifying the appropriate linkages in the community. The organisation actively recruits for representation from Pacific peoples at a governance level. Presbyterian Support Otago has linkages with Pasifika in the local community.</p> <p>All residents have their personal preferences and cultural needs identified on admission in the 'getting to know me' assessment. Family/whānau are routinely invited to be included in the care planning process.</p>
Subsection 1.3: My rights during service delivery	FA	The Code is displayed in multiple locations in English and te reo Māori. This is also available in a variety of different languages as

<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>required. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The nurse manager discusses aspects of the Code with residents and their family/whānau on admission to the service. Discussions relating to the Code are also held during the resident/family meetings.</p> <p>Seven residents and six family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available to residents. There are links to spiritual supports. Church services are held. Staff receive education in relation to the Code at orientation and through the education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake (self-determination, independence, sovereignty, authority), as evidenced through interviews and in policy and this is reinforced through the education sessions held. The organisation is in the process of reviewing the Enliven philosophy with the Māori cultural advisor to strengthen resident focused aspects of service delivery, which will encourage and support Māori mana motuhake. Interviews with two registered nurses, three healthcare assistants (HCAs), one activities coordinator, one housekeeper, one cook and one maintenance described how they uphold the Code in relation to their role.</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>The Enliven Philosophy training ensures the support of person-centred care, the values and beliefs of individual residents and staff. Residents interviewed stated they have choice. Residents reported they make decisions about whether they would like family/whānau to be involved in their care and other forms of support. Residents are supported and encouraged to have control over all aspects of their lives and are involved in care planning.</p> <p>It was observed residents are treated with dignity and respect.</p>

		<p>Resident and family/whānau satisfaction surveys completed in 2025 evidenced that 100% of residents felt they were respected. This was also confirmed during interviews with residents and family/whānau. A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There were two married couples at Taieri Court Rest Home on the day of the audit.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. 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, and church services are held. A spirituality policy is in place.</p> <p>The organisation has changed terminology in the quality plan, Māori health plan, policies, training resources, and wording in internal audits, to use common te reo Māori words and phrases. PSO as an organisation are steadily weaving te ao Māori into all aspects of service delivery. Te Tiriti o Waitangi and tikanga Māori is encompassed through the Enliven philosophy training and online training sessions. Te ao Māori is incorporated into activities planning and delivery.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The education plan includes abuse and neglect prevention sessions. Staff interviewed could describe signs and symptoms of abuse and neglect and they would report any such concerns to the registered nurses or nurse manager. Organisational policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of all ethnicities, and cultural days celebrate diversity. The PSO code of conduct is discussed with staff during their induction to the service, that addresses harassment, racism and bullying. Staff are educated on how to value the older person showing them respect and dignity. Resident satisfaction survey reports showed residents felt they contributed to the service and felt safe and</p>

		<p>secure. The residents and family/whānau interviewed confirmed staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation and through professional responsibility sessions held as part of the ongoing education plan. A strengths-based and holistic model is prioritised through the Enliven philosophy encompassing respect - whakaute, relationships - whanaungatanga, security - whakahaumarū, choice - kowiri, contribution - whai wahi and activity ngā mahi te rēhia. There is a focus on promoting and supporting all residents to be as independent as they can be.</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 Taieri Court Rest Home is provided in a comprehensive admission pack to residents and family/whānau on admission, as confirmed at interviews with residents and family/whānau. Regular resident meetings identify feedback from residents and consequent follow up by the nurse manager. There are policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any adverse event that occurs. All correspondence with family/whānau and members of the multidisciplinary team is recorded in the residents' electronic file. The accident/incident forms reviewed identified family/whānau are kept informed, and where residents have declined family notification, this is documented. Family/whānau interviewed stated that they are kept informed when their family member's health status changes, or if there has been an adverse event. Family/whānau also reported they feel they are updated on what is happening around the facility.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, all residents spoke English. On interview, staff provided examples of strategies they could utilise if a resident were to join the service that</p>

		<p>did not speak in 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 nurse manager or registered nurses engage with other health professionals that are involved with the resident, such as the hospice, and Health New Zealand – Te Whatu Ora specialist services. The delivery of care includes a multidisciplinary team. The registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, 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>Informed consent processes were discussed with residents and family/whānau on admission. Electronic resident files were reviewed, with signed general consents sighted for outings and photographs as part of the admission process. Specific consents had been signed by resident and family/whānau for procedures such as influenza and Covid-19 vaccines and boosters. Discussions with all staff interviewed confirmed they are familiar with the requirements to obtain consent for entering rooms and supporting with personal cares. The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of family/whānau in decision-making, where the person receiving services wants them to be involved.</p> <p>There is documented guidance on advance directives. Advance directives and shared goals of care for health care, including resuscitation status, had been completed by residents deemed to be competent. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified the service actively involves them in decisions affecting their family/whānau lives. Discussions with the HCAs and registered nurses (RNs) confirmed staff understand the importance of obtaining informed consent when providing personal care and accessing residents' rooms. Training has</p>

		<p>been provided to staff around the Code, informed consent and functions of EPOAs. The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care, as evidenced in the residents' files reviewed.</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>	FA	<p>The PSO complaints procedure is provided to residents and family/whānau on entry to the service. Complaint forms are easily accessible in the foyer, with advocacy services information provided at admission and as part of the complaint resolution process. The nurse manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Health and Disability Commissioner (HDC). The nurse manager maintains a record of complaints, both verbal and written.</p> <p>There have been no complaints (including external complaints) since the last audit. Residents and family/whānau reported the nurse manager and registered nurses are always available and are responsive to any query before the issue escalates to a complaint. The residents and family/whānau all reported they felt comfortable raising any issues or concerns with either the nurse manager or registered nurses. The nurse manager easily described the complaint process during interviews.</p> <p>Residents and family/whānau making a complaint can involve an independent support person in the process if they choose, which may include representation from Māori. The nurse manager maintains an open-door policy. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The nurse manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication. The complaint policy demonstrates equitable processes for residents and whānau identifying as Māori.</p>
Subsection 2.1: Governance	FA	Taieri Court Rest Home is part of the Presbyterian Support Otago

<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>(PSO) Enliven organisation. Taieri Court Rest Home provides rest home level of care for up to 33 residents. On the day of the audit there were 29 residents, including two residents on a contract for respite care. All remaining residents were on the age-related residential care (ARRC) contract.</p> <p>Taieri Court Rest Home is one of nine aged residential care homes in Otago. The organisation is governed by a Board of eight representatives and has a constitution to have up to 12 who meet monthly. The Board are currently recruiting new members. Every Board meeting has a strategy review session built into the agenda, where there is an item of strategic importance discussed. The strategic plan is set for a three-to-five-year period with annual reviews and a roadmap for operationalisation. All Board members complete an orientation as per policy. There is a wide range of skills and expertise on the Board, including a minister from the Presbyterian Church. There are two sub-committees (finance, audit and risk committee, and the clinical governance advisory group). Each Board member is required to be a member of one of these sub-committees based on their expertise. Reports from these sub-committees are discussed at the Board at the monthly meeting. Reports from the nurse manager are collated and reported through the clinical governance committee to the Board.</p> <p>The clinical governance advisory group (CGAG) has a wide range of expertise, including (but not limited to) the chief executive officer (CEO), the Enliven General Manager, PSO Quality Advisor, PSO Clinical Nurse Advisor, designated residential manager (annual rotating position), and designated PSO senior nurse (annual rotating position). The CGAG meet two-monthly and start with karakia. All aspects of quality are discussed, including (but not limited to) benchmarking, new initiatives, external complaints, certification, policy development and review, and staffing. Meetings are minuted and reported to the Board, managers meetings, and the wider staff through facility meetings. All quality data includes ethnicity, which is used to improve services and outcomes for residents.</p> <p>There is a documented 2022-2025 strategic plan, which informs the quality plan and includes the organisation’s vision, mission, and values. The strategic plan has been reviewed annually, and the new</p>
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		<p>2025-2028 plan is in the final draft stages. The annual business plan links to the overall strategic plan and to the quality plan. A business plan for each facility is created annually, with quarterly reviews and annual reporting to the Board on outcomes.</p> <p>The organisation is incorporating te reo Māori words and phrases into all organisational documents. All Board members can demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. A process to identify and address barriers for Māori for equitable service delivery is ongoing, with additional expertise sought from Māori. There is Māori representation on the Board. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and regular resident meetings. The CGAG committee and Board review this feedback to identify barriers to care and improve outcomes for all residents. Input from stakeholders is available and the cultural advisor will also provide feedback and advice around provision of equitable services and minimising barriers to services.</p> <p>The nurse manager has been in the role for 19 years. The nurse manager is supported by a team of experienced clinical and non-clinical staff, the PSO clinical nurse advisor, and the quality advisor, where required. The nurse manager attends a minimum of eight hours per year of education and training relating to 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</p>	FA	<p>PSO has developed a quality management framework using a risk-based approach to improve service delivery and care. This is implemented at Taieri Court Rest Home by the nurse manager, with additional support provided by the quality advisor. The quality plan (2024-2025) states that “As part of our strategic plan, PSO has embarked on a journey to fully embrace Te Tiriti o Waitangi and it’s principles into all aspects of our organisation and the services we provide”. The quality plan is comprehensive and encompasses all areas of PSO services. The quality plan includes organisational leadership and management, health, safety and risk, quality improvement, restraint, infection control, staffing, and development.</p>

<p>and support workers.</p>		<p>Each facility has site specific annual goals.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to HDSS:2021. A document control system is in place. Policies are regularly reviewed and include words in te reo Māori.</p> <p>An annual planner/schedule is implemented that includes timeframes for the completion of internal audits and education. Internal audits are completed as scheduled and signed off by the nurse manager. Any non-conformity or where a re-audit is required, is completed as scheduled. There are a range of meetings held within the facility, including (but not limited to) quality and wellbeing (includes health and safety and infection prevention and control), and staff meetings. Any matters outstanding from previous meetings are addressed and closed off. Meetings include the Enliven Philosophy with a principle for the month discussed. The Enliven Philosophy is person centred and promotes health equity, providing excellent high quality individualised services for all residents.</p> <p>Quality data is collated for all key performance indicators (KPI). Data includes ethnicity and is analysed and benchmarked between PSO, national Presbyterian Support Services and aged care providers nationally. Benchmarking data is reported at all meetings and reported to the Board through the CGAG meetings. The results of the quality data are used to improve health outcomes for residents. As an organisation, PSO benchmarking results evidence that Taieri Court Rest Home is consistently below the benchmark for all KPIs.</p> <p>Quality goals for 2025 include improving communication with family/whānau who are not local; and promoting the Enliven principles to include more involvement between residents and staff. There has been a promotion in the use of te reo Māori and encouraging all residents to participate in Māori activities, including singing songs in te reo Māori. Staff promote independence, encourage residents to continue with their community groups, and support residents to meet up with friends outside of the facility.</p> <p>There has been a particular focus on reduction of incidents relating to skin tears, wound infections, and skin infections. Taieri Court Rest</p>
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	<p>Home has developed simple wound care information posters and have made up 'wound care kits' in small containers, containing simple wound care products. These are available for senior HCAs use to promptly manage minor wounds, which in turn, minimises infections and promotes quick healing of wounds. All residents also have a pump bottle of moisturising cream in their rooms to help keep skin supple. The HCAs encourage and support residents to moisturise limbs daily. There have been no skin tears at Taieri Court Rest Home for over a year.</p> <p>There have been no medication errors at Taieri Court Rest Home more than 12 months. The nurse manager attributes this to ensuring that all senior HCAs are fully medication competent and that all remaining HCAs complete the second checker medication competency.</p> <p>Health and safety policies are implemented and monitored by the nurse manager and a representative from the kitchen, and activities. Health and safety is included in the quality and wellbeing meeting. Taieri Court Rest Home health and safety objectives include "The standard we walk past is the standard we accept." This includes (but is not limited to) promoting positivity in the workplace; knowing who the health and safety representatives are; supporting each other, and valuing staff input; encouraging the reporting of incidents and near misses; ensuring that staff are aware of the hazards identified on the register; and emergency plan/procedures. There are regular manual handling training sessions for staff. Staff noticeboards keep staff informed about health and safety. Hazard identification forms with evidence of resolution of issues and an up-to-date hazard register, were sighted. Staff and external contractors are orientated to the health and safety programme. All staff incidents are entered into the electronic system, where reports are collated and reported through the central health and safety meeting, CGAG and to the Board.</p> <p>All resident incidents, accidents and near misses are entered onto the electronic resident management system. The electronic incident reports reviewed were fully completed, with opportunities to minimise risks identified and implemented. Reports are generated and included in KPI data.</p> <p>The nurse manager was knowledgeable around statutory reporting</p>
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		<p>and there was evidence of prompt notification of serious events. Section 31 notifications and reporting as per the Severity Assessment Code (SAC), was completed as required. The nurse manager and registered nurses were able to describe reporting processes, should there be any outbreaks.</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>	<p>FA</p>	<p>The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The nurse manager works full time from Monday to Friday and shares on-call responsibilities with the registered nurses. The nurse manager and one registered nurse live close to the facility and can be at the facility within a short timeframe to assist staff with any eventuality. There are two registered nurses who cover Monday to Friday shifts between them.</p> <p>Interviews with staff confirm overall staffing is adequate to meet the needs of the residents. Casual staff are available to help fill gaps in the roster when needed. Good teamwork amongst staff was highlighted during the HCA interviews. Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents and family/whānau interviewed. Residents and family/whānau interviewed reported there are adequate staff numbers to attend to residents.</p> <p>An annual education and training schedule is in place. The education and training schedule lists all mandatory topics and competencies. Staff are provided with opportunities to attend in-services. Presbyterian Support Otago has adopted an online training platform, which provides a wide range of training sessions for staff. The education plan includes all compulsory training sessions and annual competencies staff complete on an annual basis. Records of attendance and completion of online training are maintained. The Enliven Philosophy education sessions cover key aspects of all cultures and relates that back to all areas of service delivery. Cultural training includes te reo Māori, tikanga Māori, education on racism, and reflection on individual bias, and how these impact working practices. Learning opportunities are created that encourage collecting and sharing of high-quality Māori health information.</p>

		<p>All staff are encouraged and supported to achieve New Zealand Qualification Authority (NZQA) qualifications through Careerforce. Currently there are seven HCAs who have achieved level 3 or 4, one HCA is in the process of completing Level 3, and another HCA is training to be an occupational therapist. One registered nurse is interRAI trained. The registered nurses are supported to attend external education sessions held through Hospice Otago and Health New Zealand. Staff wellness is considered during development of rosters and monitoring of extra shifts worked and is a focus in the quality goals and health and safety meetings. There is access to the Employment Assistance Programme for staff. The staff interviewed reported they felt supported by the nurse manager and reported a culture of teamwork and helping each other out. The nurse manager reported a low staff turnover, and where staff have left, this has been due to leaving the area or retirement.</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 held electronically and are password protected. Seven staff files reviewed evidenced implementation of the recruitment process. All roles had job descriptions and role specific orientation packages. All letters of offer contain the employment agreement, job description and code of conduct, which were evidenced as being signed by the nurse manager and the employee. All staff who have been employed for more than 12 months, have annual appraisals completed as scheduled. Staff ethnicity data is collected and reported as required.</p> <p>A register of practising certificates is maintained for all health professionals. The service has a role-specific orientation programme in place, providing new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation and are repeated annually.</p> <p>There was evidence of staff feedback and discussions held around staff queries and concerns in the meeting minutes reviewed. Staff interviewed felt supported and stated the nurse manger is approachable and were aware of the employee assistance</p>

		programme.
<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 resident records are held securely in the electronic resident management system, which is password protected. Each staff role has limited access relevant to their role to information on the electronic system.</p> <p>Staff no longer working within the organisation have their passwords, logins and access to electronic and online systems disabled. Payroll ensures that staff members have been removed from generic PSO systems when they leave Taieri Court Rest Home. All paper-based records are archived and stored securely for 10 years.</p> <p>Electronic systems are backed up regularly and the medication electronic system has battery back up in the event of emergencies.</p> <p>The service is not responsible for the registration of National Health Index numbers.</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>	FA	<p>Policies are in place to document and guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission, or on entry to the service. Review of residents' files confirmed entry to service complied with entry criteria. Assessment confirming the appropriate levels of care and needs assessment authorisation is held on the residents' files. Admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The nurse manager is available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and</p>

		<p>family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents receive timely updates regarding their admission, and are provided with alternative options and links to the community, if admission is not possible.</p> <p>The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. The facility has a cultural advisor who can provide cultural advice and training for staff. The nurse manager has links in place to ensure support for Māori and whānau through the admission process.</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 Low</p>	<p>Six resident files were reviewed, including one resident on a respite contract. The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meetings, where the long-term care plans are reviewed. This is documented in the progress notes and resident records.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. A Māori health plan and cultural awareness policy is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care plan.</p> <p>Policy ensures all residents have admission assessment information collected, and an initial care plan completed at time of admission. Files reviewed (except for the respite contracts) had interRAI assessments completed. All residents had an initial interRAI (except for the resident on respite care as they had a nursing assessment completed) and initial long-term care plans completed in a timely manner. The long-term care plan includes interventions to guide care delivery. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed within</p>

	<p>the required timeframes and evidenced updates made as needs changed. The evaluations reviewed documented progress against the set goals. Presbyterian Support Otago has a process where the registered nurses record a weekly review of goals for all rest home residents. A shortfall was noted as the registered nurse update was not consistently completed in the files reviewed. All residents' long-term care plan evaluations were however, completed within the required timeframes. Short-term care plans for infections, weight loss, behaviours, bruises, and wounds were well utilised. Interventions were transferred to the long-term care plan in a timely manner. Residents admitted on respite had appropriate risk assessments completed and a detailed care plan in place.</p> <p>A general practitioner (GP) from the contracted local practice ensures residents are assessed within five working days of admission. The GP was unable to be interviewed on the days of the audit due to their workload and staff absences. Reviews for each resident by the GP were at least three-monthly and if necessary, they are involved in the six-monthly resident, family/whānau reviews (multi-disciplinary meetings). Residents can retain their own GP if they choose to. The GP provides an on-call service for after hours and on the weekend. The nurse manager (registered nurse) and a senior registered nurse provide on-call responsibilities and are available 24/7 for clinical advice and decision making as required. Allied health interventions were documented and integrated into care plans. A physiotherapist provides services to three of PSO's facilities, including four hours a week at Taieri Court Rest Home. A podiatrist visits six to eight-weekly. The speech language therapist, occupational health therapist, dietitian, continence advisor, hospice specialists, and wound care specialist nurse are available as required.</p> <p>Healthcare assistants and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written each shift by HCAs. Progress notes included any incidents, GP visits and changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family/whānau confirmed the same. Family/whānau</p>
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		<p>stated they were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes, and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>There were no residents with wounds. An electronic wound register is maintained. Registered nurses confirmed on interview that they have attended wound management training. The HCAs and RNs interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources as sighted. The RNs have access to the wound specialist through Health New Zealand if required. Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and registered nurses complete monitoring charts, including; blood pressure; weight; and blood glucose levels. Monitoring was implemented as scheduled in the residents' files reviewed. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities coordinator (diversional therapist) is a long-standing team member, who develops the activities programme and works four days per week. An activities assistant is being recruited. Volunteers provide additional support to the activities team. The activities coordinator and maintenance person (who regularly drives the van) and volunteer van drivers all have current first aid certificates. The programme is supported by the HCAs, a minister for pastoral care, and various church groups.</p> <p>The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. Each week the programme is provided to residents and family/whānau. The activity team facilitate opportunities to participate in te reo Māori, incorporating te reo Māori in entertainment and singing, craft, participation in Māori language week, and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to</p>

		<p>stay in their room or cannot participate in group activities, have one-on-one visits and activities such as manicures, hand massage and technology-based activities offered. Activities are provided in the large lounge which is adjacent to the dining area. There are other smaller areas where residents and family/whānau can watch television, access newspapers, jigsaws puzzles, and specific resources.</p> <p>A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly as part of the long-term care plan review. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include (but are not limited to) exercises; newspaper reading; music and movement; crafts; games; quizzes; entertainers; pet therapy; bird feeding; board gaming; gardening; dancing; bowls; housie/bingo; and happy hour. There are weekly van drives for outings, regular entertainers visiting, and interdenominational services. Residents can walk to town as Taieri Court Rest Home is close to town and flat. Residents were observed walking to town during the audit. Residents are supported to maintain links with the community.</p> <p>Regular resident meetings are held and family/whānau are welcome to attend these. Residents can provide an opportunity to provide feedback on activities at the meetings. There are six-monthly reviews of individual resident programmes. Residents and family/whānau interviewed stated the activity programme is meaningful, engaging and they appreciate having opportunities to have input into the programme.</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>PA Low</p>	<p>There is a medication management policy that meets safe medication practice. All staff who administer medications are assessed for competency annually. Education around safe medication administration has been provided. Registered nurses complete syringe driver training. Staff were observed to be safely administering medications. The registered nurses and HCAs interviewed could</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>describe their role regarding medication administration. Taieri Court Rest Home uses an electronic medication system, with all regular use medications provided in individual blister packs. Pro re nata (PRN) medications are provided in individual labelled containers or blister packs from the pharmacy. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>The medications are stored securely in the medication room. Medication trolleys were always locked when not in use. The medication fridge and medication room temperatures are monitored daily. The medication fridge temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use, are prescribed by the GP and charted on the electronic medication chart.</p> <p>Twelve electronic medication charts were reviewed, including one resident who was on respite. The electronic medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly, and each chart has photographic identification and allergy status identified. Taieri Court Rest Home has the necessary policies and procedures in place in relation to self-administration. There were no residents self-administering their medications on the days of audit. PRN medications are administered as prescribed; however, the effectiveness of these is not consistently documented on the electronic medication system. Medication competent HCAs or registered nurses sign when the medication has been administered. There are no standing orders in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. All medication information is documented in the progress notes.</p> <p>The registered nurses and nurse manager described the process to work in partnership with residents and family/whānau, to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their</p>
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		<p>medications when required. The registered nurses described how they work in partnership with residents to understand and access medications when required.</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 meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, and well equipped. A current approved food control plan was evidenced. Dry ingredients were decanted into containers for ease of access, with the decanting and expiry date clearly visible. The four-weekly seasonal menu has been reviewed by a dietitian. The kitchen manager is a qualified chef and is supported by a team of staff, including part-time cooks and kitchen hands. All kitchen staff have completed safe food handling.</p> <p>There is a food services manual available in the kitchen. The kitchen manager receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The kitchen manager interviewed is aware of resident likes, dislikes, and special dietary requirements. Residents' profiles (sighted) provided evidence of recent review. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. Tikanga guidelines are available to staff. Staff interviewed understand tikanga guidelines in terms of everyday practice.</p> <p>The kitchen team use an electronic system for all aspects of the food service. This includes cleaning schedules and fridge/freezer temperature monitoring. The food service manager can easily see where tasks are overdue or where there is an anomaly with any aspect of the kitchen. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Residents who do not wish to have their meals in the communal dining areas, can have their meals in their bedrooms. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining area and modified utensils are available for residents to maintain independence with eating as</p>

		<p>required.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys. Additionally, the kitchen manager ensures their availability to engage with the residents individually, as to address any issues promptly.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested. The registered nurses explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</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>	FA	<p>The building has a current warrant of fitness that expires on 24 June 2025. The planned monthly maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales, hoists and clinical equipment. Calibration of clinical equipment has been checked with the expiry date of March 2026. Registered nurses and HCAs interviewed stated they have adequate equipment to safely deliver care. The hot water temperatures are monitored and managed below 45 degrees Celsius; corrective actions are completed for any temperatures above the required threshold. The maintenance person works part time, eight hours per week and ensures maintenance requests are addressed. There is a maintenance book for staff to communicate with maintenance staff issues and areas that require attention. Maintenance and repairs are completed within a</p>

		<p>reasonable timeframe.</p> <p>There is sufficient space to allow the safe use of mobility equipment. Handrails are appropriately located. There are a number of small and moderate sized outside courtyard areas with seating, tables and umbrellas available. Pathways, seating, and grounds are well maintained.</p> <p>There are no shared/double bedrooms. The rooms on the inner courtyard have an outside door and the rooms that open into the courtyard have a bay window that opens. All rooms have a hand basin and there are sufficient communal showers and communal toilets for residents. The resident rooms all share communal shower facilities and toilet facilities. The shared bathrooms and toilets have locks fitted, which identifies 'vacant' or 'occupied.' There are residents' communal toilets throughout the facility near to lounges and dining rooms, and staff toilets and visitors' toilets around the facility. There are handbasins for handwashing in the hallways, with flowing soap and hand sanitiser. All residents' rooms are of an appropriate size to allow the level of care to be provided and for the safe use and manoeuvring of mobility aids, including hoists. Residents are encouraged to personalise their bedrooms.</p> <p>The facility has a large communal room which is used for group activities and entertainment. There are smaller seating areas for residents and family/whānau around the facility. Furniture in all areas is arranged in a very homely manner and allows residents to freely mobilise. Activities can occur in the lounges, dining rooms, activities areas, and courtyards and this was confirmed by staff interviewed. There is a hair salon with suitable seating to allow for hair washing. The environmental temperature is monitored and there were implemented processes to manage significant temperature changes. There are organisational processes which include consultation with Māori, should there be any major refurbishments or building projects planned in the future.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service</p>	<p>FA</p>	<p>The emergency management plan outlines the specific emergency response and evacuation requirements, as well as the duties and</p>

<p>provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>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. A fire evacuation scheme is in place and was approved by Fire and Emergency New Zealand in June 2006. Fire evacuation drills are conducted every six months, and these are added to the training programme. The latest fire evacuation drill was last completed on 21 May 2025. The staff orientation programme includes fire and security training. Fire exit doors were clearly labelled and free from clutter. All required fire equipment is checked within the required timeframes by an external contractor. The facility is well prepared for civil emergencies, with civil defence supplies in each unit (checked six monthly) and sufficient storage of emergency water (5,000 litre water tank on site), which is adequate supply for three litres per resident per day, for seven days.</p> <p>There is a BBQ available for alternative cooking. Emergency food supplies sufficient for at least seven days are kept in the kitchen. There is a portable generator available (confirmed in email) to run essential services. Emergency lighting is available and is regularly tested. The nurse manager, registered nurses, and senior HCAs are all first aid trained, ensuring there is a first aid trained staff member on duty 24/7.</p> <p>The service has a call bell system in place that is used by the residents, family/whānau and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance person. Residents and family/whānau confirmed that staff responds to call bells promptly. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. Appropriate security arrangements are in place. The building is secure after hours, and staff complete security checks at night. There are security cameras at the main entrance to the facility.</p>
<p>Subsection 5.1: Governance The people: I trust the service provider shows competent</p>	<p>FA</p>	<p>The infection prevention and control and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection</p>

<p>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>prevention and control is linked into the electronic quality risk and incident reporting system. Infection prevention is discussed in the combined quality forum group. The group has representation from each facility and includes the PSO clinical nurse advisor, who provides support as the infection prevention and control coordinator across the group.</p> <p>Infection prevention and control is linked into the electronic quality risk and incident reporting system. Infection matters are raised at every staff meeting, including quality meetings/registered nurse meetings and health and safety meetings. Infection rates are presented at staff meetings and discussed at quality meetings and Clinical Governance Advisory group (CGAG) meetings. The Board receives reports on progress of quality and strategic plans relating to infection prevention and control, surveillance data, outbreak data and outbreak management, infection prevention and control related audits, resources and costs associated with infection control, and AMS two-monthly, and any significant infection and control events. Infection prevention and control audits are conducted.</p> <p>The service has access to infection prevention and control support from Health New Zealand. Visiting hours are open, however, visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility.</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 infection prevention and control coordinator (IPC) is registered nurse who oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The IPC nurse has been in the role for five years and has support from the PSO clinical nurse advisor. The infection prevention and control programme is reviewed annually as part of the quality plan. The infection prevention and control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, and training and education of staff. Policies and procedures are reviewed on a regular basis in consultation with the infection prevention and control coordinators. Policies are available to staff via the intranet.</p>

		<p>There are policies and procedures in place around reusable and single use equipment. Reusable medical equipment is cleaned and disinfected after use and prior to next use. Cleaning, infection control, and environmental audits are completed to safely assess and evidence that these procedures are carried out. Aseptic techniques are promoted through hand hygiene, and sterile single use wound packs for wound management and catheterisations. The clinical nurse advisor and the IPC have input into the procurement of good quality personal protective equipment (PPE), medical and wound care products. Expiry dates of equipment and infection control stock are regularly checked. There are organisational processes in place to ensure infection control expertise would be included, should there be any major refurbishments of building projects taking place.</p> <p>The infection prevention coordinator has completed external training, including annual attendance at external workshops held by Health New Zealand. There is good external support from the GP, laboratory and the PSO clinical nurse advisor. PSO is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on Covid -19 policies and procedures through resident meetings, newsletters, and email.</p> <p>The service has hand hygiene posters which incorporate te reo Māori into infection prevention information for Māori residents and visitors. The organisation can source educational resources in te reo Māori around infection prevention and control for Māori residents. The IPC nurse and clinical nurse advisor explained how they ensure participation in partnership with Māori for the protection of culturally safe practice in relation to infection control and acknowledge the spirit of Te Tiriti o Waitangi.</p>
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation	FA	Presbyterian Support Otago has antimicrobial use policies and procedures documented. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. The infection

<p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>prevention and control coordinator monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Infection rates are monitored monthly and reported to the quality meeting. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antibiotic use is reviewed monthly and reported at quality meetings.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection prevention and control programme and is described in the infection control policies. Monthly infection data is collected by the nurse manager, who enters the data onto the benchmarking spreadsheet for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a facility monthly infection summary. This data is monitored and analysed for trends, monthly and annually.</p> <p>Infection control data is benchmarked within the organisation and with other Presbyterian Support Services nationally. Infection prevention and control surveillance is discussed at quality, staff meetings, clinical forum meetings, and CGAG group. The service is incorporating ethnicity data into surveillance methods and data captured around infections and this is included in the meeting minutes. Meeting minutes and graphs are displayed in the staffroom for staff. Action plans are required for any infection rates of concern. Annual internal infection prevention and control audits and biennial five movements of hand hygiene are completed, with corrective actions for areas of improvement. The service receives information from Health New Zealand for any community concerns. There have been no outbreaks since the last audit. All staff interviewed were familiar with isolation processes and Covid -19 protocols.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a</p>	<p>FA</p>	<p>Policies are in place regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturers' labels and stored in locked areas. Cleaning trolleys are kept secure when not in</p>

<p>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>use and are stored in a locked cupboard with stock cleaning chemicals. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit.</p> <p>There is one sluice room with a sanitiser and a separate handwashing basin with flowing soap and paper towels.</p> <p>There are policies and procedures in place to guide staff with management of infectious substances/waste cleaning and safe and hygienic storage of cleaning equipment and chemicals. All laundry other than personal clothing, is sent off site to another PSO service. Linen is collected from an area designated for dirty laundry and returned to a clean area daily. The on-site laundry has a dirty area where personal laundry comes in to be washed and then moves to a clean area for drying and folding. Clean linen is returned to linen cupboards on trolleys, while personal laundry is returned in individual baskets. The linen cupboards were well stocked. The washing machine and dryer is checked and serviced regularly.</p> <p>There are dedicated laundry staff. There are cleaners rostered to each area. Cleaning and laundry services are monitored through the internal auditing system. When interviewed, laundry and cleaning staff were able to describe appropriate infection prevention and control procedures and were observed wearing appropriate PPE.</p> <p>The IPC completes the infection prevention and control audits and supervision of the 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</p>	<p>FA</p>	<p>Taieri Court Rest Home does not use restraint. The restraint coordinator (nurse manager) provides support and oversight of restraint management in the facility. The approval process is described in the restraint policy and provides guidance on the safe use of restraints.</p>

<p>services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>The restraint coordinator, registered nurses, and HCAs interviewed are conversant with restraint policies and procedures. The restraint policy confirms restraint consideration and application would be considered in partnership with family/whānau, and the choice of device must be the least restrictive possible. If restraint is considered, Taieri Court Rest Home would work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>Taieri Court Rest Home is committed to providing services to residents without use of restraint. The use of restraint (if any) would be reported in the quality and staff meetings. The restraint coordinator and clinical manager were interviewed, and they monitor for any use and report if identified. The PSO quality advisor, who is the chair of the PSO restraint combined quality forum, was interviewed and confirmed the organisation's focus on minimising restraint use. Restraint use including ethnicity is reported to the CGAG group each month. Restraint minimisation is included as part of the training plan and orientation programmes and includes annual competencies.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person’s care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are</p>	PA Low	<p>The care plans are holistic and align with the service’s model of person-centred care. Care plan evaluations were completed and evidenced updates made as needs changed. These were completed within the required timeframes. The evaluations reviewed documented progress against the set goals. Presbyterian Support Otago has a process where the registered nurses record a weekly review of goals and general overview of the resident in progress notes for all rest home residents. A shortfall was noted as the registered nurse update was not consistently completed in the files reviewed.</p>	<p>The registered nurse weekly progress note was not consistently recorded in three of the five files reviewed.</p>	<p>Ensure the registered nurse progress notes are completed at least weekly.</p> <p>90 days</p>

<p>implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>				
<p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Low</p>	<p>There are a suite of comprehensive medication policies and procedures to guide staff around medication processes. All policies align with current legislation and good practice guidelines. All regular medications were appropriately prescribed and administered. Pro re nata (PRN) medications are administered as prescribed, and indications for use are documented in the electronic medication chart. The effectiveness of PRN medication is not consistently documented on the electronic medication system.</p>	<p>Outcomes of use of pro re nata medication are not recorded in six of the twelve medication files reviewed.</p>	<p>Ensure outcomes of use of PRN medications are documented. 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.