

# W. Fullerton Investments Limited - Manor Park Private Hospital

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## Introduction

This report records the results of a Certification Audit; Partial Provisional 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:** W. Fullerton Investments Limited

**Premises audited:** Manor Park Private Hospital

**Services audited:** Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Geriatric services (excl. psychogeriatric); Dementia care

**Dates of audit:** Start date: 17 July 2025 End date: 18 July 2025

**Proposed changes to current services (if any):** The service is planning to reopen their Kelvin House facility adjacent and connected by a corridor to the Manor Park Hospital facility. This will see the provision of 31 beds for hospital level – psychogeriatric and hospital level mental health residents. Kelvin House is planning to open 11 August 2025.

**Total beds occupied across all premises included in the audit on the first day of the audit: 48**

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service 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

Manor Park Private Hospital is privately owned by one owner/director. The service provides care for up to 54 residents. There are 47 designated beds for psychogeriatric level of care residents, and 7 designated hospital level mental health beds. On the day of audit, there were 48 residents.

The organisation is managed by a facility manager who is supported by the operations manager, a quality improvement coordinator, and two clinical coordinators. One resident and family/whānau expressed satisfaction with the care provided.

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

A concurrent partial provisional audit was conducted to assess the preparedness of the service to reopen the Kelvin House facility adjacent to the Manor Park Hospital facility. There are a total 31 beds in Kelvin House. The house will provide hospital level care (psychogeriatric and mental health). Kelvin House is planning to open 11 August 2025. There is a transition plan documented. The partial provisional audit identified one shortfall around the environment.

This certification audit identified shortfalls related to: Pacific health plan; use of communal clothing and personal items; complaints management; quality plan review; meeting and staff feedback; caregiver qualifications; staff training; entry and decline data; care plan interventions and monitoring; medication; the environment; review of the infection control programme; and surveillance data.

## Ō tātou motika | Our rights

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Manor Park has policies that support an environment that supports resident rights and safe care. A Māori health plan is documented for the service.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences. 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.

## 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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Manor Park has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The facility manager is supported by two clinical coordinators and oversees the day-to-day operations of the service. The organisational strategic plan informs the site-specific operational objectives, which are reviewed on a regular basis. There is a documented quality and risk management system. There are human resources policies including recruitment, selection, orientation, and staff training and development.

The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme implemented. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

## Ngā huarahi ki te ora | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The facility manager efficiently manages the entry process to the service. Admissions are managed by the clinical coordinator, registered nurses and the general practitioner at admission. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated individualised care.

The activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service.

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

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

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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The building has a current building warrant of fitness. The environment is inclusive of residents cultures and supports cultural practices. Electrical and bio-medical equipment has been checked and assessed as required. There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. Appropriate training, information, and equipment for responding to emergencies are provided. Fire drills occur six-monthly. There is always a staff member on duty and on outings with current first aid training. Appropriate security checks and measures are completed by staff.

All rooms are spacious to provide personal cares and are personalised. The unit is secure and designed to enable residents' freedom of movement, whilst ensuring they remain safe.

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

<p>Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and has resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

The service has a robust pandemic and outbreak management plan in place. Covid-19 response procedures are included to ensure screening of residents and visitors, and sufficient supply of protective equipment. The internal audit system monitors for a safe environment and infection control practices. There has been no outbreaks documented since the previous audit.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

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 service is restraint free. This is supported by the director/owner and safe practice policies and procedures in place. There were no residents using restraint at time of audit. An assessment approval and monitoring process with regular reviews is in place, should restraint use be required in the future. Restraint minimisation is overseen by the (facility manager) restraint coordinator, who is a registered nurse.

## 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	15	0	7	5	0	0
Criteria	0	162	0	10	5	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents and staff who identify as Māori. The facility manager (FM) confirmed that they support a culturally diverse workforce and encourage increasing the Māori capacity within the workforce. Currently there are 10% of the workforce identifying as Māori and speak te reo Māori.</p> <p>The Māori health plan documents the commitment to build cultural capabilities, partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori. There are links with the Health New Zealand Māori health team, the Māori Development Unit, Māori Hospice team, local kaumātua and a local marae. There are guidelines in place regarding tapu (eg, birth, death and sickness) and cultural taboos are identified, such as sitting on tables and passing food over the head. Interpreters are available through staff, whānau, and Health New Zealand as required. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p> <p>Staff interviewed (seven registered nurses (RN), one clinical coordinator an RN, three caregivers, one cook, one laundry person,</p>

		one administrator, one diversional therapist (DT), one housekeeper, one maintenance person), and three managers (one facility manager, one quality coordinator, and one operations manager) described how they provide equitable services for Māori and promote Māori motuhake.
<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>	PA Low	<p>Manor Park has a Pacific health plan which notes the Pacific worldviews, and the need to embrace their cultural and spiritual beliefs. There is a cultural policy that aims to uphold the cultural principles of all residents; however, the Pacific health plan does not reference the Fonofale model of care.</p> <p>There are currently residents that identify as Pasifika. Staff interviewed confirmed that resident's whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs.</p> <p>Pacific services information is available through the community links of their Pacific staff. The Code of Health and Disability Services Consumer Rights (the Code) is accessible in Tongan and Samoan when required. The facility manager (FM) described how the service increases the capacity and capability of the Pacific workforce through equitable employment processes. There are staff that identify as Pasifika and staff who speak Samoan.</p> <p>Interviews with staff members and managers and documentation reviewed identified that the service provides person-centred care, in line with the organisation's resident led philosophy.</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</p>	FA	<p>Enduring power of attorney (EPOA), family/whānau, or the resident's representative of choice, are consulted in the assessment process to determine residents' wishes and support needs. Staff have completed cultural training as part of the ongoing annual training plans, which includes Māori rights and health equity. Māori mana motuhake is recognised for all residents residing in the facility, by involving residents and family/whānau in care planning, as described by staff and two family members. Most residents were unable to be</p>

<p>requirements.</p>		<p>interviewed, and few residents have family input.</p> <p>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The FM discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English, Pacific languages and te reo Māori. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. The service strengthens the capacity for recognition of Māori mana motuhake, and this is reflected in the Māori health plan. Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services, complaints management, and informed consent. Advocacy services are linked to the complaints process.</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>PA Moderate</p>	<p>Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, and cultural competency. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori, with support from staff who identify as Māori. Karakia is offered before meals, and Powhiri is offered on admission to the service, if the resident and family/whānau wishes.</p> <p>Individual resident privacy is ensured, and staff were observed providing privacy and respect to resident in all interactions and care; however, communal clothing and property was observed to be in use.</p> <p>Annual satisfaction surveys confirmed that residents and family/whānau are treated with respect. This was also confirmed during interviews with a resident and family/whānau.</p> <p>A sexuality and intimacy policy is in place; however, training has not been included as part of the education schedule (link 2.3.2). Staff were observed to use person-centred and respectful language with residents. Family/whānau were positive about the service in relation to</p>

		<p>their values and beliefs being considered and met. Residents' files and care plans identified resident's preferred names. A policy relating to spirituality and counselling is in place.</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>Cultural diversity is acknowledged, and staff are educated to look for opportunities to support Māori. The Māori health plan aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori), which is underpinned by the principles of Te Tiriti o Waitangi, to ensure wellbeing outcomes for Māori are prioritised. The Māori health plan, along with cultural strategies, include the impact of institutional on resident wellbeing and to improve Māori health. There are policies around discrimination, coercion, harassment, and financial exploitation implemented.</p> <p>Cultural days are held to celebrate diversity. Staff complete code of conduct and abuse and neglect training as part of orientation. Abuse and neglect education has not been included as part of the ongoing training plan (link 2.3.2). All staff are held responsible for creating a positive, inclusive and a safe working environment and care staff interviewed all stated they have a supportive and enabling culture. Abuse and neglect was very well described by the team and the service's zero tolerance. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct.</p> <p>Family/whānau interviewed confirmed that the 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. Professional boundaries are defined in job descriptions. Interviews with the RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</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>Policies and procedures relating to accident/incidents, complaints and open disclosure policy alert staff to their responsibility to notify family/whānau of any adverse event that occurs. All correspondence is documented in the resident file. A sample of accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau.</p> <p>Contact details of interpreters are available. Interpreter services are used where indicated. Support strategies and interpretation services are documented to assist with communication needs when required.</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 Health New Zealand specialist services (eg, physiotherapist, district nurse, hospice, dietitian, speech language therapist, mental health services for older adults, and pharmacist). The facility manager 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>Family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events or other information through communication with the clinical coordinators, the facility manager, and the administrator.</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</p>	<p>FA</p>	<p>Informed consent processes are discussed with residents and family/whānau on admission. Eight resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management, and medical care were included and signed as part of the admission process. Specific consent had been signed by resident and family/whānau for procedures such as vaccines. Discussions with all staff interviewed confirmed that they</p>

<p>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>are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by 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. Enduring power of attorney documentation is filed in the residents' electronic charts and is activated. Where EPOA had been activated, a medical certificate for incapacity was on file.</p> <p>A policy that guides informed consent is in place, which includes the guidance on advance directives. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner (GP) had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative's lives. Discussions with the caregivers and RNs confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff in relation to the Code.</p> <p>The service follows relevant best practice tikanga guidelines in relation to consent. The Māori health plan is available to guide on cultural responsiveness to Māori perspective of health.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>PA Moderate</p>	<p>There is a documented process to address concerns and complaints. The complaints procedure is provided to residents and family/whānau on entry to the service.</p> <p>The FM explained they have an open door and work with family/whānau and residents to manage any issues that arise. The FM was able to explain the process around documentation, including follow-up letters and resolution, to ensure that complaints would be managed in accordance with guidelines set by the Health and Disability Commissioner (HDC); however, this process could not be evidenced</p>

		<p>during the audit.</p> <p>The service does not document a complaint register; this has meant that the service is not able to effectively track complaints or be assured that all complaints are recorded and addressed. The FM was able to show two complaints from family/whānau around communication, to which they have replied to.</p> <p>There have been three external complaints; two through the Health and Disability Commissioner (July 2025 and May 2025), and one complaint was received through the Health Advocate (August 2024). Information has been sent as requested for the May 2025 HDC complaint and the August 2024 complaint through Health Advocate, and the service is awaiting further correspondence. The service is working with the Health and Disability Commissioner for the July 2025 complaint. There were issues identified in this audit related to these complaints. The facility manager advised that they have employed a nurse practitioner to assist with addressing concerns.</p> <p>Staff are informed of complaints and complaints (and any subsequent corrective actions) in the staff meetings.</p> <p>Discussions with the resident and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The FM acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p>	<p>FA</p>	<p>Manor Park Private Hospital is privately owned by one owner/director. The service provides care for up to 54 residents. There are 47 designated beds for psychogeriatric level of care residents and 7 designated hospital level mental health beds. On the day of audit, there were 42 residents in the psychogeriatric unit, including two residents</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>under 65 years under the Mental Health Act, and two residents on an ACC contract. There were six residents in the mental health unit. Residents (apart from the residents on the MSD or ACC contracts) were either funded through the Age Related Hospital Specialist Services (ARHSS) contract or Mental Health Contracts through Health New Zealand.</p> <p>The governance body is made up of the director/owner, facility manager, operations manager, and quality coordinator. There are terms of reference and all staff attending have had training as part of their orientation. The team meet monthly and report on their areas. The owner/director of the service provides support for the facility manager with meetings and regular contact. There is a documented strategic plan and business continuity plan. The 2025- 2026 strategic plan contains the mission, philosophy, and objectives for the service. The team work to meet the requirements of relevant standards and legislation and report an overview of adverse events, health and safety, staffing, infection control, and all aspects of the quality action and risk management plan. The facility manager reports their main goal is to provide a safe and healthy home environment for residents and staff, ensuring resident’s cultural and spiritual needs are met. The service has staff from many cultures and continue to recruit staff from cultures of the residents.</p> <p>The facility manager, an experienced registered nurse, provides clinical governance in association with two clinical coordinators. Critical and significant events are reported immediately to the facility manager and director/owner. The management team reviews the reports and quality data provided to review and plan services. The facility manager provides a comprehensive monthly report to the owner director, including medication, complaints (if any), falls or other adverse events, infection control, and interRAI.</p> <p>The service collaborates with mana whenua in business planning and service development that will improve outcomes and achieve equity for Māori through staff employees and with linkages through Health New Zealand. Lack of family/whānau meetings mean that the service lacks tāngata whaikaha representation to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha; however, there are staff employed with disabilities who</p>
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		<p>provide a voice, and annual satisfaction surveys are conducted.</p> <p>The facility manager and owner/director have both attended cultural training around Te Tiriti, health equity and cultural safety (2023).</p> <p>Partial Provisional Audit.</p> <p>The service is planning to reopen their Kelvin House facility adjacent to the Manor Park Hospital facility. This will see the provision of 31 beds for hospital level – psychogeriatric and hospital level mental health residents. The facility is planning to open 11 August 2025.</p> <p>There is a transition plan documented. The facility manager advised that the facility will be used for new admissions and current residents will in the majority, stay in the current facility. This is to reduce the impact of changes to the residents residing at Manor Park.</p> <p>The audit identified the design of Kelvin House, staff roster, equipment requirements, documented systems and processes are appropriate for providing Hospital services - Psychogeriatric services and Hospital services - Mental health services. There are clear procedures and responsibilities for the safe and smooth admission of residents to Kelvin House.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>Manor Park has a documented quality and risk management programme. Cultural safety is embedded within the documented quality programme and staff training. There are quality focussed goals documented; however, the progress towards goals is not always documented and evaluated.</p> <p>The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The quality and risk plan links to the company values and includes specific goals of reducing falls and reducing pressure injuries; however, there was no evidence these goals have been reviewed regularly to evidence progression towards meeting these goals.</p> <p>Quality data is an agenda item in various meetings; however, there is no documentation to evidence that data is discussed to minimise risks</p>

	<p>that are identified, this included infection control, incidents and accidents, and internal audit outcomes. Corrective actions following internal audits are documented where indicated to address service improvements, and evidence progress; however, these were not always signed off when achieved. Meeting schedules include monthly staff/ quality meetings, monthly health and safety/ infection control meetings and monthly registered nurse meetings. Meetings have been held according to schedule.</p> <p>There are procedures to guide staff in the management of clinical and non-clinical emergencies. Policies and procedures provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Manor Park has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services. All policies and procedures are reviewed regularly, and new policies or changes to a policy are communicated to staff.</p> <p>The management team have an open and transparent decision management process that includes regular staff meetings, surveys, and an open-door policy for residents and family /whānau to the facility manager. The resident and family/whānau satisfaction survey has been completed in 2023 and 2024. High levels of satisfaction were indicated for all areas of service delivery; however, there has been no documented follow up or communication with respondents following the survey.</p> <p>A health and safety system is in place. There is a health and safety committee with representatives from different areas that meet monthly. Hazard identification forms are completed, and an up-to-date hazard and risk register were reviewed (sighted). Health and safety policies are implemented and monitored by the health and safety committee. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months.</p> <p>Paper reports are completed for each resident incident/accident, and immediate action is documented with any follow-up action(s) required, evidenced in a sample of accident/incident forms reviewed. However, not all post falls documentation is completed as per policy (3.2.4). Staff</p>
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		<p>have completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori.</p> <p>Discussions with the FM evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications.</p> <p>The facility manager stated they are aware of reporting responsibilities of completing Section 31 notifications and reporting requirements to the Health Quality and Safety Commission portal; however, have not needed to report any issues. The service does not routinely report incidents involving behaviours that challenge as Section 31 notifications, as the facility manager stated that as the service is a high-level mental and psychogeriatric needs facility, service issues around behaviours that challenge are frequently witnessed. The facility manager was able show that GP review is frequent and timely. The GP stated that the service manages residents and any behavioural issues very well. There have been no outbreaks recorded since the last audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There is a staffing policy that describes rostering requirements. The facility manager described the roster that ensures sufficient and appropriate coverage for the effective delivery of cultural and clinical safe care and support for each wing. The roster tool was compared with two weeks of rosters and evidence the staff allocation within the roster is appropriate.</p> <p>When the FM is absent, the clinical coordinators undertake all the required duties under delegated authority. The FM is on site Monday to Friday. The facility manager and clinical coordinators are available on call. There is 24/7 RN cover on site and the number of caregivers is sufficient to meet the roster needs. Caregiver absences can be covered by staff working extra hours. The rosters reviewed evidence that absences are covered to ensure safe care. Staff and residents are informed when there are changes to staffing levels, evidenced in meeting minutes. Training for 2024 and 2025 has included manual handling; infection control; behaviours that challenge; fire safety and evacuations; oral health; death and dying; hearing voices; dementia; syringe drivers (RNs); medication (RNs); and first aid.</p> <p>The service is implementing an environment that encourages and</p>

	<p>support cultural safe care through learning and support. Training provides for a culturally competent workforce to provide safe cultural care, including a Māori world view and the Treaty of Waitangi. The training content provided resources to staff to encourage participation in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities and health equity.</p> <p>Competencies are completed by staff, which are linked to the education and training programme. All caregivers are required to complete annual competencies for hand hygiene; correct use of personal protective equipment; and moving and handling. Five of fourteen RNs are interRAI trained.</p> <p>There are 47 caregivers employed across the service. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Eighteen caregivers have obtained a level 3 or level 4 NZQA certificate equivalent to the Certificate in Health and Wellbeing.</p> <p>The service provides mental health and psychogeriatric care. The service was not able to evidence that caregivers have achieved the required unit standards within set timeframes, as required by section D 17.11 (c) of the Aged Residential Hospital Specialised Services Agreement.</p> <p>Staff wellness is supported by an employee assistant programme. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture.</p> <p>Partial Provisional Audit.</p> <p>New staff recruited for the service will undergo the comprehensive staff orientation. The orientation includes (but not limited to); practical competencies (resident care and activities of daily living); moving and handling; skin and pressure area care; reporting; mealtime management and assisting residents to eat; supporting an agitated person; documentation and progress notes; and care plans.</p> <p>One cohort of RNs and caregivers have commenced this orientation and are working with the existing team in Manor Park. The service is in the process of recruiting further staff. There are currently enough staff</p>
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		<p>to commence admissions to the new unit.</p> <p>The facility manager is away for August (the time of opening) and has designated one of the clinical coordinators to manage the new admissions. The clinical coordinator is a registered nurse, who is very experienced in her role at Manor Park.</p> <p>The admission plan and staffing plan includes up to five admissions a week. There is staggered staffing planning for this admission plan as follows:</p> <p>Week one: up to five admissions. There will be an RN each shift and two caregivers for the AM, two for the PM, and one for night. An extra caregiver is budgeted for in case of high acuity/ resident need. There is also a contingency for one-on-one staffing if needed. Staffing is gradually increased over six weeks (depending on admissions), to one RN each shift, four caregivers for the AM, three for the PM, and two at night.</p> <p>There is also a diversional therapist rostered each day. Laundry and maintenance will be provided from the existing team. Extra staff have been employed for cleaning.</p> <p>There is a Consumer and Family/whanau Participation policy. The policy outline active ways to promote and support involvement of residents and whānau/family in the organisation. There is a resident advocate involved regularly with the service and meets regularly with management. There are surveys available for residents to provide feedback in planning.</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</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Ten staff files reviewed (three caregivers, four RNs, one diversional therapist, one activity coordinator, and one clinical coordinator) evidenced implementation of the recruitment process, employment contracts, police checking, and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, delegation authority, and functions to be achieved in each position. A register of practising certificates is maintained for all</p>

<p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>health professionals. All staff that had been in employment for more than 12 months, had 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 RNs and caregivers to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure, and confidential. Staff ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff to return to work when injured. There is an employee assistance programme available to all 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>PA Low</p>	<p>Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-up using cloud-based technology and is password protected. However, the management of maintaining residents' privacy of their information requires improvement.</p> <p>There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible and timely. Electronic signatures that are documented include the name and designation of the service provider.</p> <p>Other paper documents can be scanned and uploaded in the gallery in the electronic system for reference. Organisation related documents that are not in use are securely destroyed. The FM is the privacy officer and has to approve requests for health information from third parties. Health information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>

<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose 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>PA Low</p>	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Eight admission agreements reviewed align with all service requirements. Completed Needs Assessment Service Coordination (NASC) authorisation forms were in place for all residents. Exclusions from the service are included in the admission agreement. Family/whānau interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service.</p> <p>Admission criteria are based on the assessed need of the resident and the contracts under which the service operates. The facility manager and clinical coordinator is available to answer any questions regarding the admission process and a waiting list is managed. The service openly communicates with prospective family/whānau during the admission process and declining entry would be if the service had no beds available, or if the legal framework is incomplete. Declining of referrals is very rare; however, the facility manger would support to provide alternative options and links to the community, if admission is not possible.</p> <p>The way in which the service gathers and analyses ethnicity data from all residents (specifically Māori residents), for the purposes of identifying entry and decline rates, requires improvement. The service has developed working relationships with Māori through staff members who identify as Māori, a local marae and health practitioners, to improve health outcomes for Māori residents. The service has information available for Māori in English and in te reo Māori.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and</p>	<p>PA Moderate</p>	<p>There were eight resident files reviewed for this audit: four psychogeriatric (including one resident on a YPD contract, and one resident on an ACC contract) and four mental health including, one resident under the Mental Health Act (MHA). The registered nurses are responsible for conducting all assessments and for the development of</p>

<p>whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>care plans. There is evidence of 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. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. A Māori health plan is in place that states the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan; however, the formation of the cultural aspects of resident's care plans require improvement.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. Of the reviewed files, interRAI assessments had been completed (including the resident on the ACC contract and the resident under the MHA) within required timeframes, with interventions transferred to the long-term care plans. 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. Short-term care plans for infections, skin tears, weight loss and behaviours were utilised. Interventions had been transferred to the long-term care plan appropriately for all issues. The resident on the YPD contract had appropriate risk assessments and a comprehensive care plan documented.</p> <p>The service has one main general practitioner, with other general practitioners from the same contracted practice providing holiday cover to support the residents' medical needs. Files sampled confirmed residents had been admitted by a general practitioner within five days of entry. The general practitioner reviews each resident at least three-monthly and is involved in the six-monthly resident, family/whānau reviews (multi-disciplinary meetings). The general practitioner provides after hours on-call support if required, or an ambulance is called for acute issues. The facility manager and/or clinical coordinators are always available 24/7 for operational and clinical advice and decision making as required. When interviewed, the general practitioner expressed satisfaction with the standard of care and quality of nursing proficiency, clinical assessment skills, and referrals received after hours from registered nurses. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated</p>
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		<p>into care plans. The service refers to a physiotherapist as required. A podiatrist visits five to six-weekly and specialist care services are available as required, including continence advisor, hospice and wound care specialist nurses.</p> <p>Caregivers and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery. This was sighted on day of audit and found to be comprehensive in nature. Progress notes are written daily by caregivers and registered nurses. The registered nurse further adds to the progress notes if there are any incidents, general practitioner visits, or changes in health status. Family/whānau interviewed confirmed they are informed if there is a change to their relative's health status. When a resident's condition alters, the staff alert the registered nurse, who then initiates a review with a general practitioner. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner visits, medication changes, and this was consistently documented in the resident's progress notes sampled.</p> <p>A review of current wounds evidenced there were five wounds requiring treatment. The treatment regimens were documented. There were no residents with any pressure injuries at time of audit. A referral is sent to the wound care specialist for input for any chronic wounds and pressure injuries when required. The registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources. Care plans reflect the required health monitoring interventions for individual residents. Caregivers and registered nurses complete monitoring charts, including bowel; blood pressure; weight; food and fluid; behaviour; and blood glucose levels. All monitoring records reviewed evidenced that all monitoring was implemented as scheduled. Review of incident/accident forms evidenced the post fall management protocol was inconsistently followed. Neurological observations are not always completed for unwitnessed falls and suspected head injuries according to policy.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.  Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.  As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There is one diversional therapist (full time) and six activities assistants, who work both full and part time. A van driver (employee) and a volunteer who performs the role of resident advocate, further complement the team. The activity programme is delivered six days per week. Activity staff who accompany residents on van outings have current first aid certificates. The programme is supported by the caregivers, various church groups, and a variety of entertainers. The programme is planned monthly and includes themed cultural events, including those associated with residents and staff.</p> <p>A copy of the activities programme is visible throughout the units. These programmes are shared with family/whānau when requested. The activity team facilitate opportunities to participate in te reo Māori, by incorporating Māori language in entertainment and singing, craft, participation in Māori language week, and Matariki. Activities are delivered to meet the cognitive, physical, intellectual and emotional needs of the residents. The diversional therapist takes a proactive approach to education, by working with the facility manager to ensure the team have as many learning opportunities as possible, to enhance their skills and knowledge.</p> <p>Staff interviews and review of documentation evidenced that the provider places an emphasis on "residents having the freedom to experience life their own way". Those residents who prefer to stay in their room or cannot participate in group activities, have one-on-one visits which can include time with weighted animals, activities such as hand massage, van trips to go to favourite eateries, and walks around the gardens. The activity programme is flexible and adjusts in response to the residents' emotional responses, with an emphasis on "doing" the activity, not necessarily the success of the activity. It was noted during the period of audit that many residents were engaging in group and one on one activities. Review of the current and previous activity programmes, interview with the diversional therapist, caregivers, plus interview with family/whānau and observation evidenced that the programme is designed to meet the needs of all levels of care at Manor Park Hospital.</p> <p>There are several lounges where residents and families/whānau can watch television and access games, and specific resources. The resident's social profile captures their past hobbies and present</p>
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		<p>interests, likes and dislikes, career and family/whānau connections; however, the cultural aspect of the resident care plans reviewed requires improvement (link 3.2.3). Family/whānau are asked to be involved in the creation of the activity plans for those residents who are unable to contribute. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include exercises; dance, music and movement; games; entertainers; pet therapy; and hand pampering. There are twice weekly van drives for outings. These have occurred as per schedule. The activities coordinator advised they encourage family/whānau involvement for any activities and to provide feedback. However, the schedule for resident and family/whānau meetings is yet to be implemented (link 2.2.4). Family/whānau are encouraged to attend six-monthly reviews.</p> <p>Partial Provisional Audit:</p> <p>Additional staff have been employed to accommodate the additional residents and requirements for the activity programme. The activity programme is well resourced and ready for the additional residents.</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>PA Moderate</p>	<p>Safe medication management is in place that meets legislative requirements. Staff were observed to be safely administering medications. Registered nurses interviewed could describe their role regarding medication management and administration; however, the practices of transcribing were noted to be occurring during the audit. Manor Park Hospital uses blister packs for all regular medication and individual boxes and bottles for short-term medication. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Sixteen electronic medication charts were reviewed. The medication charts reviewed confirmed the general practitioner reviews all resident medication charts three-monthly. Each chart has photo identification and allergy status identified. There were no residents self-administering medication on the days of audit. The facility follows documented policies and procedures, should a resident wish to administer their medications. As required medications are administered</p>

	<p>as prescribed, with effectiveness documented on the electronic medication system. There are no vaccines kept on site, and no standing orders are in use.</p> <p>Family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The registered nurses described the process to work in partnership with residents and family/whānau, to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve the best health outcomes. Residents are supported to understand their medications when required. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. The clinical coordinator and all but the most recently employed registered nurses, have completed syringe driver training.</p> <p>Medications were stored securely in the medication room reviewed. Medication trolleys were locked when not in use. The medication fridge temperatures are monitored daily. The medication fridge temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use, are prescribed by the general practitioner and charted on the electronic medication chart. Controlled drugs are stored appropriately, and weekly stock checks have occurred as scheduled.</p> <p>Partial Provisional Audit:</p> <p>A recent recruitment campaign has ensured there are sufficient registered nurses deemed competent to administer medications to all proposed Kelvin House residents. The current medication process, systems and storage of medications is sufficient to accommodate the additional residents.</p> <p>The partial provisional audit verified that the medication processes are suitable to provide for the requested additional beds.</p>
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<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 prepared and cooked on site. The kitchen was observed to be clean, well-organised and well equipped. There was a current food control plan in place. Dry ingredients were decanted into containers for ease of access, with all dry goods displaying a decanting and/or expiry date. The four-weekly seasonal menu has been reviewed by a dietitian. The cook is supported by part-time cooks and part-time kitchen hands. The cook advised all, but the newest kitchen staff, involved in cooking or preparation of food, have completed safe food handling. There is a food services manual available in the kitchen. The cook receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The cook (interviewed) is aware of resident likes, dislikes, and special dietary requirements. The residents’ profiles were noted to have been reviewed during March/April/May 2025. Alternative meals are offered for those residents with dislikes or religious and cultural preferences.</p> <p>Residents have access to the menu on noticeboards/whiteboards within the communal areas. Residents have access to nutritious snacks 24/7. On the day of audit, meals were observed to be well presented. Staff interviewed confirmed their understanding of tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. The cook completes a daily diary, which includes fridge/freezer/chiller temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are transported to the wings in hot boxes. Residents are encouraged to socialise with others at the dining room, but can have their meals in their bedrooms if they prefer. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas. Modified utensils are available for residents to maintain independence with eating as required. The family/whānau interviewed advised the food service was adequate. The cook takes a proactive response to seeking feedback directly from the residents, ensuring they are visible and available to residents post the midday meal. There is adequate food supply available for each resident for a minimum of three days, in the event of a civil defence emergency.</p>
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<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	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. When residents wish to be seen or need to be seen by another service, a referral is made. Examples of this were sighted in resident records, including referrals to the Health New Zealand specialists and dietitian.</p> <p>Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The clinical manager explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation, including the "yellow envelope" checklist. Staff are made available to escort the resident, whether it is acute or planned.</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</p>	PA Low	<p>The service has a preventative maintenance schedule in operation. However, several areas of the facility had been exposed to significant wear and tear and were overdue for maintenance. There is a current building warrant of fitness in place. The environment is inclusive of peoples' cultures and supports cultural practices. Maintenance requests are logged into a hard copy folder and the operations manager arranges repair with approved contractors, in conjunction with the maintenance person. Essential contractors, such as plumbers and electricians, are available 24 hours a day as required. There is an annual maintenance plan that includes electrical testing and tagging, resident's equipment checks, call bell checks, gutter maintenance,</p>

<p>of belonging, independence, interaction, and function.</p>	<p>calibration of medical equipment, and testing of hot water temperatures, that is managed by the operations manager.</p> <p>Hot water temperatures are monitored monthly and where temperatures are below 38 degrees Celsius, or above 45 degrees Celsius, a corrective action plan is documented (sighted). Testing and tagging of electrical equipment was completed in September 2024. Checking and calibration of medical equipment, hoists and scales were completed in November 2024. There are adequate storage areas for the hoist, wheelchairs, products and other equipment. The staff interviewed stated that they have all the equipment referred to in care plans to provide care.</p> <p>The building is one large secure facility all on ground level and is divided into three wings. Each wing requires knowledge of a keypad code to enter and exit. There are lounge/dining rooms in each unit within the facility, which are well proportioned and can accommodate the lounge furniture and dining tables. Provision of a library area provides another quiet space for residents and their visitors. Activities can occur in the lounges and/or the dining area. There is adequate space to allow maximum freedom of movement, while promoting safety for those that walk. There are quiet areas for residents and visitors to enjoy a quieter, low stimulus environment. There are adequate numbers of toilets and showers, with access to a hand basin and paper towels.</p> <p>All but four bedrooms across the facility are single occupancy. Two of the double rooms are occupied by two people. A process was followed within the admission process that covers the sharing arrangements, and identifies all occupants are in agreeance with the set up. Fixtures, fittings, floor and wall surfaces are made of accepted materials for this environment; however, many showers and toilet areas need repair. Communal toilets and showers are well signed and identifiable. There are also sufficient staff and visitor amenities. The corridors have sufficient room to allow for safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required.</p> <p>Residents and family/whānau are encouraged to personalise the rooms, as observed on the day of audit. All resident rooms and communal areas have natural lighting and heating that can be adjusted</p>
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	<p>to suit resident preferences.</p> <p>The service is in the process of reopening their Kelvin House facility, which has been previously leased to other aged care providers. There are no known plans to further extend the size of the facility. However, if that were to change, the owner/director would liaise with local Māori providers to ensure aspirations and Māori identity are included.</p> <p>Partial Provisional Audit:</p> <p>The provider plans to reopen the Kelvin House facility adjacent to the Manor Park Hospital facility. This will see the provision of 31 beds for hospital level – psychogeriatric and hospital level mental health residents.</p> <p>Discussion with staff and review of the Kelvin House facility verified that the facility is suitable to be used for hospital level care - psychogeriatric and mental health. The bedrooms are large enough to accommodate the use of hospital equipment, such as hoists, hospital beds and wheelchairs. The mechanism for ceiling hoists has been placed in all bedrooms. All bedrooms have large doors, allowing easy access for all required equipment. All bedrooms have their own full ensuite. Bedrooms have at least one window and are well ventilated. All bedrooms have easy access to the nurse's station, lounges and the dining rooms. Quiet areas are available for residents away from the communal lounges. Handrails fit closely into the walls of all corridors, allowing easy access for residents who require these for support.</p> <p>Heating consists of heat pumps throughout the entire facility. Sufficient toilets are provided for visitors and staff, with additional communal toilets available for residents where required. Signage is clear and includes vacancy or not. The facility is secure, and knowledge of the keypad codes are required to gain access throughout the facility. Outdoor areas provide shade and seating for residents.</p> <p>Storage areas are easily accessible for staff throughout the facility, where sitting scales and wheelchairs can be stored. Adequate storage is provided for incontinence products. Additional hospital beds have been purchased and will be delivered nearer the opening date.</p> <p>A nurse's station and a secure treatment room are close to the resident bedrooms. There is a sluice room which has the required equipment.</p>
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		<p>All rooms, including flooring, are suitable for hospital level residents. The medication room requires a handbasin to be fitted.</p> <p>The outdoor area fences off a lounge/training/activity room are of an insufficient height to prevent a resident climbing over. The fence is beside a water tank, enabling easy access once a resident had climbed over the fence to jump onto the ground.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. The fire evacuation plan has been approved by the New Zealand Fire Service, dated 25 January 2018. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness, with the last fire drill having been completed last month. There are emergency management plans to ensure health, civil defence and other emergencies are included. Civil defence supplies are in place. In the event of a power outage, there is a large generator on site, that will ensure power supply is maintained for all essential services. A BBQ is also available to support the cooking of food. Emergency lighting is available to give staff time to organise emergency procedures. There are adequate supplies in the event of a civil defence emergency, including food and water (on site tanks, bottled water and grey water) storage, to provide three litres per person, for three days.</p> <p>Information around emergency procedures is provided for family/whānau in the admission information provided. The orientation programme for staff includes fire and security training. Staff interviewed confirmed their awareness of the emergency procedures. Registered nurses, and all but the most recently employed members of the activities team, have a current first aid certificate, ensuring there is a first aid trained staff member on duty at all times. There are call bells in the residents' rooms, communal toilets/bathroom, and lounge/dining room areas. An additional safety measure in place requires all care staff to carry whistles, so they can alert staff to always support them. There are display monitors in strategic positions in the hallways, that would indicate where the call bell is coming from and allow to respond. Residents were observed to have their call bells in proximity to their current positions. Call bells were answered in a timely manner during</p>

		<p>the days of audit.</p> <p>The facility is secure. There is secure keypad for entry and exit into and out of all units in the facility. The building is secured after hours. Staff complete a night lock down procedure each evening on dusk. A security company performs patrols each evening and liaises with on duty staff to check everything is secure and there are no concerns. A security report is provided to the facility manager. Visitors and contractors are instructed to sign in and complete visiting protocols.</p> <p>Partial Provisional Audit.</p> <p>Kelvin House is a secure facility. There are no changes to the current fire evacuation plan required, and training with staff was planned for the week following the audit. Interview with the operations manager and observation confirmed the provider is appropriately resourced to maintain the safety of all residents, staff and visitors in the event of a civil defence emergency. Additional emergency food supplies will be purchased once Kelvin House has welcomed in new residents. The generator on site is large and is of an appropriate size to provide additional cover for Kelvin House, in the event of power supplies failing. Current security resources in place will be extended to cover the new building. The roster will provide staff with first aid certificates to be on duty 24/7. Call bells are already in place and operational.</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 control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. Infection prevention and control and antimicrobial stewardship (AMS) are included in the quality plan, and processes to ensure an environment that minimises the risk of infection to residents, staff, and visitors are in place. Expertise in infection control and AMS can be accessed through Public Health and Health New Zealand.</p> <p>Management attend the combined health and safety and infection control meeting, held as part of the meeting schedule. All infection control issues are discussed during this meeting.</p> <p>The data is provided to the owner/director in monthly reports. Any</p>

		<p>significant events are managed using a collaborative approach and involve the facility manager, RNs, caregivers, the GP, and the public health team. There is a documented pathway for reporting infection control and AMS issues to the facility manager when they are not at 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. 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>PA Low</p>	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training and education of staff. Policies and procedures are reviewed by the facility manager, in consultation with the clinical coordinators and RNs.</p> <p>The facility manager is the infection prevention and control lead and is supported by two clinical coordinators and an RN. The infection control job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection prevention and control lead has completed online training with Health New Zealand.</p> <p>The infection control programme and AMS links to quality plan and is approved by the infection control team; however, the programme is not evidenced as being reviewed annually. The infection prevention and control lead interviewed described the pandemic plan. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection control policies and practices. Infection control internal audits monitor the effectiveness of education and infection control practices.</p> <p>The infection prevention and control lead has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection prevention resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. The infection control resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. The infection prevention and control lead stated there has been consultation and</p>

		<p>involvement with relevant IP personnel on site during the opening of Kelvin House.</p> <p>The service has infection prevention information and hand hygiene posters in te reo Māori. The infection prevention and control lead and clinical team, works in partnership with Māori staff for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff interviewed understood cultural considerations related to infection control practices.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are included in the internal audits.</p> <p>The infection control policy states that the facility 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 care. Residents and family/whānau are kept informed and updated through one-on-one conversation and emails.</p> <p>Visitors are asked not to visit if unwell.</p> <p>There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap.</p> <p>Partial Provisional Audit.</p> <p>The current infection control processes will be extended to Kelvin House. The existing infection control team will take ownership of implementing infection control processes as part of the Manor Park quality system, in Kelvin House. There are adequate stores of PPE in Kelvin House.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to</p>	<p>FA</p>	<p>The service has an antimicrobial stewardship policy and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The</p>

<p>responsible antimicrobial use.  Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.  As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly. Significant events are reported to the facility manager and the owner /director. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p> <p>Partial Provisional Audit</p> <p>The current infection control processes will be extended to Kelvin House.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.  Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.  As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>PA Low</p>	<p>Infection surveillance is part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections are entered onto a monthly infection summary; however, causative organisms and resident ethnicity are not collected. This data is monitored and analysed for trends monthly; however, is not always evidenced as being discussed with staff at meetings (link 2.2.4). Action plans are required for any infection rates of concern, documented, and completed. Internal infection control audits are completed, with corrective actions for areas of improvement. Clear communication pathways are documented to ensure clear communication to staff and residents who develop or experience a HAI.</p> <p>The service receives information from Health New Zealand for any community concerns. There have been no outbreaks since the last audit.</p> <p>Partial Provisional Audit.</p> <p>The current infection control processes will be extended to Kelvin House.</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>There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals</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>are kept in a locked box on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. 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. There is a sluice room in each area and a sanitiser with stainless steel bench and separate handwashing facilities. Eye protection and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is laundered on site by dedicated laundry staff every day of the week. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on covered trollies. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted was in good condition. Cleaning and laundry services are monitored through the internal auditing system (link to 2.2.4). The washing machines and dryers are checked and serviced regularly.</p> <p>The infection prevention and control lead oversees the implementation of the environment, cleaning and laundry audits.</p> <p>Partial Provisional Audit:</p> <p>The current infection control processes will be extended to Kelvin House.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without use of restraint. Policies and procedures meet the requirements of the standards. Any changes to the restraint policies/procedures are checked against the standards prior to initiating the change. Approval is sought from the restraint approval group (facility manager, clinical coordinator, and quality coordinator) and signed off by the director/owner. This would then be discussed at the restraint approval group meeting, which are held six-monthly.</p> <p>The facility manager described how the service can demonstrate how they ensure the voice of lived experience and Māori is heard within the</p>

		<p>restraint group, utilising current staff and formal links in place with local Māori.</p> <p>The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of restraint method must be the least restrictive possible. If restraint is considered, the facility would work in partnership with the resident and family/whānau to ensure services are mana enhancing. There were no residents using a restraint at the time of the audit and they have remained restraint free for over 11 years.</p> <p>Interview with the facility manager and review of documentation confirmed that the continued success of being restraint free is a result of a strong commitment to deliver care in a manner that ensures everything staff do, ensures resident dignity is upheld.</p> <p>Restraint minimisation/elimination and safe practice is discussed six-monthly at staff meetings; however, restraint minimisation training was not implemented at time of audit (link 2.3.2).</p> <p>Partial Provisional Audit.</p> <p>The facility manager confirmed the service aims to continue their commitment to restraint minimisation/elimination when Kelvin House reopens.</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 1.2.3</p> <p>My service provider shall design a Pacific plan in partnership with Pacific communities underpinned by Pacific voices and Pacific models of care.</p>	PA Low	There is a documented Pacific health plan which notes the Pacific worldviews, and the need to embrace their cultural and spiritual beliefs. There is a cultural policy that aims to uphold the cultural principles of all residents. There are staff that identify as Pasifika. The Pacific health plan does not reference the Fonofale model, and the service has not established links with Pacific organisations.	The Pacific health plan does not reference the Fonofale model care.	<p>Ensure the Pacific health plan references the Fonofale model service and how the service will integrate this into care and support.</p> <p>60 days</p>
<p>Criterion 1.4.3</p> <p>My services shall be provided in a manner that respects my dignity, privacy, confidentiality, and preferred level of interdependence.</p>	PA Moderate	Individual resident privacy is ensured, and staff were observed providing privacy and respect to residents in all interactions and care; however, communal clothing and property was observed to be in use.	<p>(i). The service uses communal bathing costumes, and robes for when resident use the hydrotherapy pool.</p> <p>(ii). There was evidence of a bowl of communal, unnamed razors, communal hairbrushes</p>	<p>(i). Ensure that all residents have their own labelled clothing that is not shared.</p> <p>(ii). Ensure that personal items are not shared.</p>

			and combs, and communal clothing.	30 days
<p>Criterion 1.8.3</p> <p>My complaint shall be addressed and resolved in accordance with the Code of Health and Disability Services Consumers' Rights.</p>	<p>PA Moderate</p>	<p>The FM was able to explain the process around documentation, including follow-up letters and resolution, to ensure that complaints would be managed in accordance with guidelines set by the Health and Disability Commissioner (HDC); however, this process was not evidenced in the documentation reviewed. The service does not document a complaint register for the FM to effectively track complaints or be assured that all complaints are recorded and addressed. The FM was able to show two complaints from family/whānau around communication, to which they have replied to. The FM reported they have an open door and work with family/whānau and residents to manage any issues that arise.</p>	<p>There is no complaints' register documented.</p>	<p>Ensure there is a process to log and track all complaints in accordance with the Code of Health and Disability Services Consumers' Rights.</p> <p>30 days</p>
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	<p>PA Low</p>	<p>There is a documented quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The quality and risk plan includes specific goals of reducing falls and reducing pressure injuries; however, there was no evidence of evaluation of progress towards meeting goals. Monthly reports evidence that both falls and pressure injuries have reduced in number over the year.</p>	<p>There is a documented quality plan for each of the years 2023, 2024 and 2025. Each year's goals are a roll over from the previous year's plan. There is no documented evaluation of progress towards goals in each of the plans.</p>	<p>Ensure the quality plan is evaluated at regular intervals.</p> <p>90 days</p>

<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	<p>PA Low</p>	<p>Quality data is an agenda item in various meetings; however, there is no documentation to evidence that data is discussed to minimise risks that are identified, this included infection control, incidents and accidents, and internal audit outcomes. Corrective actions following internal audits are documented where indicated to address service improvements, and evidence progress; however, are not always signed off when achieved. The resident and family/whānau satisfaction survey has been completed in 2023 and 2024. High levels of satisfaction were indicated for all areas of service delivery; however, there has been no documented follow up or communication with respondents following the survey. Facility meetings include monthly staff/ quality meetings, monthly health and safety meetings, and monthly registered nurse meetings; however, there was no evidence that resident or family/whānau meetings have been held.</p>	<p>(i). The meeting minutes reviewed do not evidence discussion around incident and infection control data.</p> <p>(ii). There is no evidence of resident or family/whānau meetings being held since the previous audit.</p> <p>(iii). Corrective actions identified at internal audits have not been evidenced as being followed up or signed off when completed.</p> <p>(iv). There was no evidence the recent resident/ family/ whānau survey results have been shared with respondents or staff.</p>	<p>(i). Ensure quality data, statistics and their meaning is discussed at meetings.</p> <p>(ii). Ensure there are opportunities for residents and family/whānau to be provided with information and have the opportunity to provide feedback.</p> <p>(iii). Ensure corrective actions for internal audits are signed off when achieved.</p> <p>(iv). Ensure that survey outcomes are followed up and reported back to respondents.</p> <p>60 days</p>
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	<p>PA Moderate</p>	<p>Training for 2024 and 2025 has included manual handling; infection control; behaviours that challenge; fire safety and evacuations; oral health; death and dying; hearing voices; dementia; syringe drivers (RNs); medication (RNs); and first aid. The service provides mental health and psychogeriatric care; however, there was no evidence that caregivers have achieved the required unit standards within set timeframes, as required by section D 17.11 (c) of the Aged Residential Hospital</p>	<p>(i). There was no evidence of caregiver training to meet the requirements of the ARHSS contract section D 17.11 (c).</p> <p>(ii). The training schedule for 2023 to 2025 does not demonstrate the following training sessions have been provided to staff: sexuality; falls prevention; skin care; abuse and neglect; food handling; privacy;</p>	<p>(i). Ensure that caregivers are supported to reach unit standards within set timeframes, as required by section D 17.11 (c) of the ARHSS contract, and that this is recorded in a training log.</p> <p>(ii). Ensure the training schedule demonstrates</p>

		Specialised Services (ARHSS) contract.	restraint; and pool safety.	the following are provided to staff: sexuality; falls prevention; skin care; abuse and neglect; food handling; privacy; restraint; and pool safety.  60 days
Criterion 2.5.1 Service providers shall maintain quality records that comply with the relevant legislation, health information standards, and professional guidelines, including in terms of privacy.	PA Low	Policies and procedures guide staff to safely manage all resident information. However, observation over both days of audit evidenced that privacy of resident information practices requires improvement.	Resident information was on display at the nurse's station at the front entrance to the facility and was accessible to people with no authorised access.	Ensure resident information is only accessible to people authorised to see it at all times.  90 days
Criterion 3.1.5 Service providers demonstrate routine analysis to show entry and decline rates. This must include specific data for entry and decline rates for Māori.	PA Low	Information pertaining to resident enquiries is collected. Review of documentation and discussion with the facility manager evidenced that processes are yet to be developed that ensures entry and decline rates are analysed.	The provider is yet to develop a system that ensures routine analysis occurs to show entry and decline rates. Specifically, entry and decline rates for Māori.	Ensure a system is implemented that demonstrates that entry and decline rates are routinely analysed and this must include data specifically relating to Māori.  60 days
Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that:	PA Low	The long-term care plans are developed by a registered nurse in partnership with residents and are reflective of assessment outcomes. The service follows a comprehensive process that ensures	Eight out of eight resident files did not include evidence that residents' cultural needs, values and beliefs had been considered.	Ensure all residents care plans evidence that their cultural needs, values and beliefs have been

<p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>resident's care plans contain all required information to guide care; however, discussion with the clinical coordinator and review of eight resident care plans evidenced the process was inconsistently followed.</p>		<p>considered.</p> <p>60 days</p>
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<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	<p>PA Moderate</p>	<p>There are a suite of monitoring charts for staff to utilise. Monitoring charts reviewed had been completed as instructed in the care plan. The service has a policy and procedure documented to guide registered nurses in all aspects of resident care plans and post fall management. However, discussion with the clinical coordinator, review of incident/accident event forms, and resident care plans evidenced that policy and procedures were inconsistently followed. Five out of five incident/accident forms were incompletely completed for post fall events. Staff had documented that assessments had been completed; however, there was no evidence this had occurred as per policy.</p>	<p>(i). Three of three post fall events did not include any neurological observations for residents who had an unwitnessed fall.</p> <p>(ii). Two of three post falls events did not record any skin assessments post the falls.</p> <p>(iii). Three of three did not evidence any assessment post the falls for any pain.</p>	<p>(i). – (iii). Ensure all post fall events are managed as per policy and procedure.</p> <p>60 days</p>
<p>Criterion 3.4.2</p> <p>The following aspects of the system shall be performed and communicated to people by registered health professionals operating within their role and scope of practice: prescribing, dispensing, reconciliation, and</p>	<p>PA Moderate</p>	<p>The prescribing, dispensing, reconciliation and review of medications are performed by registered health professionals; however, registered nurses practicing within the facility did not always follow policy, process and adhere to legislative requirements regarding their practice.</p>	<p>Discussion with staff and observation evidenced that transcribing had occurred of resident's medication. This included the resident's name, medication and dose.</p>	<p>Ensure policy, procedure and legislative requirements are adhered to by all registered nurses practicing at Manor Park Hospital.</p>

review.				30 days
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	<p>The maintenance person follows a maintenance schedule for preventative and reactive maintenance. However, this has not included bathrooms and toilets.</p> <p>The facility manager and maintenance person ensure the carpet areas across the facility are regularly cleaned to remove the smell of urine. However, during the period of the audit, it was apparent this required attention.</p>	<p>(i). Five communal resident toilets and two bathrooms had areas of lino that were overdue for repair and water had penetrated underneath. Maintaining appropriate cleanliness of this area is currently not possible.</p> <p>(ii). The carpet areas within the high care need unit smelt strongly of urine.</p>	<p>(i). Ensure all resident toilets and bathroom areas are maintained on a regular schedule and current areas that need repair, are fixed.</p> <p>(ii). Ensure all carpeted areas are cleaned regularly to minimise/remove the smell of urine in the high care need areas of the facility.</p> <p>90 days</p>
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Low	<p>Partial Provisional Audit:</p> <p>All communal areas in Kelvin House are safe and easily accessible for residents. All resident rooms provide space for hospital level equipment. Corridors are wide. The medication room is secure; however, has no separate hand washing facilities. The outdoor areas are accessible and fenced in both areas; however, the fences in the PG unit were observed to be of an insufficient height.</p>	<p>(i). The treatment room requires a handbasin to be fitted.</p> <p>(ii). The outdoor area fences off a lounge/training/activity room are of an insufficient height to prevent a resident climbing over. The fence is beside a water tank, enabling easy access once a resident had climbed over the fence to jump onto the ground.</p>	<p>(i). Ensure there are separate handwashing facilities available in the medication room.</p> <p>(ii). Ensure the fence securing the outdoor area of the PG unit prevents the possibility of residents absconding.</p> <p>Prior to occupancy days</p>
<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme</p>	PA Low	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak</p>	<p>There is no evidence of annual review of infection control.</p>	<p>Ensure there is a documented annual review of infection control.</p>

<p>that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance body;</p> <p>(c) Linked to the quality improvement programme; and</p> <p>(d) Reviewed and reported on annually.</p>		<p>management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by the facility manager, in consultation with the clinical coordinators and RNs. The infection control job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection prevention and control lead has completed online training with Health New Zealand.</p> <p>The infection control programme and AMS links to quality plan and is approved at the combined infection control/ health and safety meeting; however, was not evidenced as reported on annually.</p>		<p>90 days</p>
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	<p>PA Low</p>	<p>Surveillance of all infections are entered onto a monthly infection summary; however, causative organisms and resident ethnicity are not collected. This data is monitored and analysed for trends monthly.</p>	<p>(i). The service does not include ethnicity with surveillance data.</p> <p>(ii). Infection control data collected does not include identifying organisms.</p>	<p>(i). Ensure that ethnicity is included and analysed with surveillance data.</p> <p>(ii). Ensure that infection control causative organisms are collected and reviewed.</p> <p>90 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.