

Living Waters Medical Solutions Limited - Springvale Manor

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Living Waters Medical Solutions Limited
Premises audited:	Springvale Manor
Services audited:	Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 10 July 2025 End date: 11 July 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	25

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Springvale Manor Rest Home is part of Living Waters Medical Solutions Limited and provides rest home and dementia levels of care for up to 27 residents. There were 25 residents on the day of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standards 2021 and the contracts with Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family/whānau, staff, nurse prescriber and management.

The facility manager has been in her current role for approximately one year, while the clinical manager has held her position for over two years. Both managers also provide oversight to their sister facility in Whanganui. Clinical services are further supported by a full-time registered nurse. Feedback from family/whānau was very positive about the care and the services provided.

There have been a number of organisational changes, including the appointment of a CEO and Business Manager to strengthen leadership. Clinical governance has been enhanced through the establishment of a governance group that meets quarterly to review clinical data. Equity is also prioritised at the governance level with the appointment of an Equity Champion.

This certification audit identified areas requiring improvement, including resuscitation documentation, complaint management, aspects of the quality and risk management system, update of the business plan, privacy of information and documentation, care planning, medication management, dietitian review of the menu, alternative energy supply for emergency use, elements of the physical environment, infection control management, and restraint monitoring procedures.

Ō tātou motika | Our rights

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

Some subsections applicable to this service partially attained and of low risk.

Staff interviews confirmed a sound understanding of residents' rights and responsibilities. The service actively fosters a Māori worldview of health through a collaborative approach, with Māori staff represented across various levels, including management. The Code of Rights and advocacy services are discussed with residents and whānau at the time of admission. Regular resident meetings are held to gather feedback and understand preferences. Staff demonstrated culturally appropriate practices and recognised the significance of Māori identity, values, and whānau involvement in care delivery. The Code of Conduct is introduced during orientation and reinforced through annual training. The service respects and upholds the rights of residents and their families to make complaints.

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.

A comprehensive quality and risk management programme is in place, with up-to-date policies, regular internal audits, and clinical data analysis. Staff meetings address quality, safety, and education matters, while annual satisfaction surveys gather feedback from residents and families. Health and safety is actively managed by the Clinical Manager, with regular hazard reviews and visible safety notices. Staff have also completed cultural competency training to support culturally safe care for Māori.

Staffing roster covers sufficient staffing. Human Resource management policies are implemented.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Residents are assessed by the Needs Assessment Service Coordination team prior to entry as needing rest home or dementia care. Accurate information is available in an information pack and on the website. Prior to entry, residents and their family/whānau are able to visit the facility and meet with staff.

On the day of admission, the registered nurse undertakes an assessment to identify residents' needs and preferences. From this, an initial care plan is developed. Long-term care plans are developed in collaboration with the resident and their family/whānau.

Both group and individual activities are planned by a diversional therapist who identifies residents' interests and aspirations. Activities are aimed at enhancing physical strength and mental wellbeing and includes outings and entertainment.

Medication management policies comply with legislation. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. Staff are competency assessed on an annual basis. Changes in medications are discussed with residents and their family/whānau.

Residents' food preferences and dietary requirements are identified at admission. All food is prepared and cooked on site and varies according to the season. The kitchen is well organised and clean. Nutritional supplements are available as prescribed, and snacks are available 24/7. The service has a current food control plan.

Transfer and discharge are planned processes that are communicated to residents and family/whānau.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		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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The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment and all hoists have been serviced and calibrated. Residents can freely mobilise within communal areas. Appropriate training, information, and equipment for responding to emergencies is provided. A staff member trained in first aid is rostered twenty-four hours per day.

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

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

Some subsections applicable to this service partially attained and of low risk.

Policies and procedures are current and developed with input from sector experts. The Clinical Manager serves as the designated infection control coordinator, overseeing the monthly collection and analysis of infection control data. Laundry and cleaning services are regularly monitored to ensure effectiveness and compliance with infection prevention standards.

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.

Some subsections applicable to this service partially attained and of low risk.

There is governance commitment to maintain a restraint-free environment. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. The facility has one resident currently using restraint. Use of restraints is considered as a last resort, only after all other options were explored. Education is provided to staff around management of challenging behaviour and restraint use.

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	16	0	8	5	0	0
Criteria	0	160	0	9	7	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>Springvale Manor demonstrates a clear and active commitment to Te Tiriti o Waitangi, recognising and celebrating tāngata whenua through meaningful partnerships, staff education, and inclusive employment practices. A documented Māori health plan acknowledges Te Tiriti as a founding document, references local Māori health providers, and incorporates Māori values and beliefs. Staff receive ongoing training in cultural safety, Te Whare Tapa Whā and tikanga Māori. Eight staff members interviewed (three healthcare assistants (HCA), a registered nurse, one diversional therapist, a cook, a maintenance man and a cleaner) demonstrated strong understanding and confidence in applying culturally safe practices in their daily work.</p> <p>Māori residents are identified and supported through culturally responsive care planning, whānau involvement and visible recognition of mana motuhake. Six residents (four rest home and two dementia) and five (two rest home, three dementia) family/whānau members interviewed confirmed that events such as Matariki are celebrated and that the care provided respects and upholds cultural identity and individual autonomy.</p> <p>Māori staff are represented across the workforce, including in</p>

		<p>management and other key roles.</p> <p>The service has a close working relationship with Tamaūpoko Community Lead Trust and has established relationships with local iwi, Te Āti Haunui-a-Pāpārangi.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Springvale Manor has a Pacific Health Plan and Cultural Policy that encompasses the needs of Pacific people and upholds the principles of Pacific people by acknowledging respectful relationships, embracing cultural and spiritual beliefs and providing high quality healthcare. At the time of the audit there were no Pacific residents. There were Pacific staff employed, and efforts are made to actively recruit and retain Pacific staff. Staff interviews confirmed that ongoing training include components on Pacific cultural values and communication approaches to ensure staff are equipped to provide holistic care.</p> <p>Discussion with the owner confirmed a strong commitment to meeting the needs of Pacific peoples, including the delivery of culturally safe services and ongoing efforts to strengthen cultural responsiveness across the service.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed throughout the facility in both te reo Māori and English. Brochures outlining the Code and information about the Nationwide Health and Disability Advocacy Service are also available in both languages.</p> <p>The Code of Rights and advocacy information is discussed with residents and whānau upon entry to the service, ensuring they are aware of their rights and how to raise concerns. Residents are informed that they can provide feedback or make complaints either through regular residents' meetings or directly to management and staff.</p> <p>Regular resident meetings are held to gather feedback and preferences on matters such as food, concerns and activities.</p>

		<p>Whānau engagement is actively encouraged, both through on-site visits and opportunities to take residents out when possible. Interviews with a Māori resident and staff confirmed that Māori autonomy and mana motuhake are respected and upheld in practice. Staff demonstrated awareness of culturally appropriate approaches and acknowledged the importance of supporting Māori identity, values and whānau involvement in care planning and decision-making.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Springvale Manor supports residents in an inclusive manner. Residents and their family/whānau confirmed that services are provided in a way that upholds dignity, their identity, privacy, sexual orientation, spirituality, personal choice and independence.</p> <p>Staff at Springvale Manor receive training in Te Tiriti o Waitangi and cultural safety. Staff interviewed demonstrated a clear understanding of how Te Tiriti informs their practice. The facility manager confirmed that when caring for Māori residents, the service actively upholds Māori autonomy, language and mana motuhake.</p> <p>Staff described how they support residents to exercise autonomy, express what matters to them, and make their own choices about daily life. Residents' files and care plans included preferred names, and values and beliefs are documented at admission, then incorporated into individualised care planning.</p> <p>Spiritual needs were identified in resident care plans and appropriate support was available. The staff training plan reflects responsiveness to the diverse cultural, spiritual, and identity-related needs of residents. This includes education on te ao Māori and engaging with tāngata whaikaha.</p> <p>Satisfaction surveys are conducted to monitor how well residents' rights and privacy are upheld. Survey results from residents and their family/whānau demonstrated full satisfaction (100%) with how the service upholds residents' privacy, dignity and rights. Staff consistently demonstrated respect for residents' privacy, with all residents accommodated in private rooms. Staff were observed</p>

		<p>knocking and waiting for permission before entering.</p> <p>Family/whānau members spoke positively about how their values and beliefs were acknowledged and supported. They also reported that privacy was maintained, and residents' independence encouraged. Family/whānau appreciated the open-door policy, allowing them to visit freely.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>All reviewed staff files included reference checks and police vetting. Policies and procedures are in place to safeguard residents from discrimination, coercion, harassment, exploitation, abuse and neglect. Staff adhere to a Code of Conduct and receive training on abuse and neglect, which includes reflective practice and self-awareness. There was no evidence of abuse at the facility. Staff were knowledgeable about their professional boundaries.</p> <p>The Code of Conduct is introduced during staff induction and reinforced through annual training. Policies explicitly address harassment, racism, bullying and institutional racism, with a clear commitment to addressing any such issues. Staff demonstrated a sound understanding of their responsibilities under Te Tiriti o Waitangi and reported feeling safe to raise concerns with management. Processes are in place to manage residents' property and money. Staff were knowledgeable about their professional boundaries.</p> <p>Springvale Manor fosters inclusivity, celebrates cultural diversity, and ensures residents' rights are respected. Residents and family/whānau interviewed expressed satisfaction with the care provided, noting respectful interactions, maintaining professional boundaries, and care for personal property.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p>	FA	<p>Policies and procedures related to accidents, incidents, complaints and open disclosure clearly outline staff responsibilities to notify family/whānau of any events. All correspondence with family/whānau and members of the multidisciplinary team is documented in the residents file. Incident reports confirmed</p>

<p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>family/whānau were notified in all cases, except where families had requested not to be contacted for minor incidents.</p> <p>Documentation showed appropriate contact with family/whānau or Enduring Power of Attorney (EPOA), as well as referrals to external health providers when necessary. Interpreters contact details are available and services are used when required, though all current residents are able to speak and understand English.</p> <p>Communication support strategies are documented where needed. All residents and family/whānau interviewed said they were comfortable raising concerns with staff and management.</p> <p>Satisfaction surveys are conducted regularly, with results shared with staff and residents. Residents and family/whānau interviewed confirmed communication from staff is timely and thorough.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>PA Low</p>	<p>A policy guiding informed consent, including advance directives is in place. Informed consent is discussed with family/whānau upon admission. Review of five resident files confirmed signed general consents for outings, photographs, release of medical information, medication management and medical care.</p> <p>Residents and/or their legal representatives are given the information needed to make informed decisions. Although there was a lack of documented evidence of family/whānau involvement in the care planning process, family/whānau interviewed stated they were encouraged to participate in decision-making. Staff demonstrated a clear understanding of informed consent and individual preferences, with evidence of supported decision-making, cultural support, and resident choice in areas such as treatment options, medication, meals and personal care.</p> <p>Admission agreements are signed by the resident or their Enduring Power of Attorney (EPOA). EPOA documentation is filed and activated for residents deemed unable to make informed decisions, as confirmed by a GP prior to dementia unit admission. Certificates of mental incapacity were on file; however, not all resident files reviewed had resuscitation status documentation completed</p>

		<p>correctly.</p> <p>The informed consent policy includes culturally responsive guidance aligned with tikanga Māori, supporting whānau involvement in decision-making where desired.</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>	PA Low	<p>The complaints procedure is provided to residents and their family/whānau upon admission. Complaints forms are accessible at the entrance, in the admission pack, or available on request from staff. Residents and whānau may involve an independent support person, and the process is linked to advocacy services. The Health and Disability Commissioner's (HDC) Code of Rights and the complaints process are displayed in both te reo Māori and English.</p> <p>The complaints register recorded two complaints in 2024, and none in 2025 year to date. Complaints were managed by the clinical manager with support from the CEO; however, interviews and documentation review confirmed that complaints have not been managed in full alignment with HDC guidelines. One complaint received through HDC in 2023 remains open.</p> <p>Staff have received training in complaints management, and consumer survey results showed 90% satisfaction with how complaints, concerns, and open disclosure are handled.</p> <p>Residents and family/whānau reported that they were informed about the complaints process, and stated they had no concerns to raise. Support resources for Māori are available, including interpreter services and guidance acknowledging the cultural preference for face-to-face communication and whānau involvement. Staff interviewed confirmed they are kept informed about complaints and could not recall any recent complaints, attributing this to their responsiveness to residents' needs.</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</p>	PA Low	<p>Springvale Manor is part of Living Waters Medical Solutions Limited, located in Whanganui. The service also owns another aged care facility nearby that provides 21 care beds. Springvale Manor</p>

<p>serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>provides rest home and dementia level of care for up to 27 residents.</p> <p>There are five rest home beds and 22 dementia level care beds. There were 25 residents at the time of the audit: four residents at rest home level care and 21 residents at dementia level of care. All residents were on the aged related residential care contract (ARRC).</p> <p>Springvale Manor has a 2024 business plan in place, which links to the Living Waters Medical Solutions Limited’s vision, mission, values, and strategic direction; however, this plan is currently under review to ensure alignment with future priorities. The organisational structure reflects that the CEO reports directly to the owner. A business manager oversees all operational services related to the Living Waters Medical Solutions Limited including those of the sister facility. Both the facility manager and the clinical manager report directly to the CEO. The owner and CEO maintain regular weekly contact with the facility manager and clinical manager. Clinical governance is supported through a governance group that meets quarterly and includes the review of clinical data. Equity is actively supported at the governance level through an appointed Equity Champion. The service also maintains relationships with local iwi, Te Āti Haunui-a-Pāpārangi, and the Tamaūpoko Community Lead Trust. Policies and procedures are completed by external consultants that include expertise in cultural safety and Te Tiriti and health equity. The owner confirmed their commitment to Te Tiriti o Waitangi and advancing health equity. Staff training records include training around disability awareness, equity and inclusive communication.</p> <p>An interview with the owner confirmed their understanding of responsibilities related to the implementation of the Health and Disability Services Standards and the organisation’s commitment to upholding Te Tiriti o Waitangi obligations. The owner acknowledged the obligation to proactively address barriers faced by Māori and to ensure the provision of equitable health care services. Compliance with legislative, contractual and regulatory requirements is overseen by the CEO, with external advice sought as required.</p> <p>The facility manager has been in her role for one year and works</p>
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		<p>closely with both the clinical manager and the CEO. The clinical manager has been with the service for over two years. The owner, who is also a general practitioner (GP), provides clinical services alongside other GPs and a nurse prescriber from the associated medical clinic. The clinical manager is responsible for 24/7 clinical on-call cover, while any operational issues are escalated to the facility manager and CEO. A full-time registered nurse is employed to support the clinical manager in delivering clinical oversight.</p> <p>The facility manager and the clinical manager have both completed more than eight hours of professional development in the last 12 months related to managing a rest home and looking after the older person.</p> <p>The working practices at Springvale Manor is holistic, acknowledging cultural identity, spirituality, and the importance of connections to family/whānau and the wider community. Annual surveys are conducted with feedback shared and interviews with residents and whānau indicated positive experiences with the care provided.</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>Springvale Manor has implemented a quality system and policies developed by a recognised leader in the aged care industry. A structured quality and risk management programme is in place, and all policies and procedures are regularly reviewed and kept up to date.</p> <p>The quality and risk management system includes monitoring of performance through internal audits and the collection and analysis of clinical indicator data. Regular staff meetings serve as a forum for discussing a range of topics including quality data, health and safety, infection control, complaints, staffing, and education. These meetings also provide opportunities to identify and mitigate risks. Corrective actions are documented and followed up, although discrepancies were noted in some audit outcomes. Staff /quality meetings are occurring as scheduled, with quality data, audit outcomes, and trends documented in meeting minutes and communicated to staff. Corrective actions were completed for all</p>

		<p>audits that required follow-up, and these actions were well documented.</p> <p>Responsibility for implementing the quality management system is shared between the facility manager and the clinical manager. Resident meetings are held and follow-ups on issues raised are completed. Annual resident and family/whānau satisfaction surveys are conducted with 30% response rate and results shared with all stakeholders. Survey outcomes indicate a high level of satisfaction with the services provided. This was further supported by interviews with five family/whānau members during the audit.</p> <p>A health and safety management system is in place, overseen by the clinical manager. Hazard identification forms are completed as needed, and the hazard register is reviewed at least annually. Health and safety policies are actively implemented, and relevant notices are displayed to keep staff informed. When a staff incident or accident occurs, a debrief process is documented on the associated accident/incident form. All resident incidents and accidents are documented in hard copy. Each report includes immediate actions taken, and any required follow-up. A review of ten incident forms showed consistent documentation. Incident and accident data is collated monthly, analysed for trends, and benchmarked across time periods. Results are reviewed in staff meetings.</p> <p>Staff have completed cultural competency training to ensure the delivery of high-quality and culturally safe services for Māori. Quality data is analysed with a focus on improving health equity and ensuring that service delivery aligns with best practices.</p> <p>The facility manager and clinical manager are familiar with and have complied with essential notification and reporting requirements. Three Section 31 notifications were made, including one submitted on the day of the audit involving police notification. There have been no severity assessment code notifications required to be made. A Covid-19 outbreak was reported to Public Health Services.</p>
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<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>FA</p>	<p>The roster provides sufficient and appropriate coverage to ensure the effective delivery of culturally and clinically safe care and support. In the absence of the facility manager, the clinical manager and CEO assume delegated responsibilities to ensure continuity of operations. Both the facility manager and clinical manager are on site Monday to Friday and provide 24/7 on-call support for clinical and non-clinical matters. These leadership responsibilities are shared with the sister company. A full-time registered nurse (RN) is employed Monday to Friday, and all interRAI assessments are completed by the clinical manager.</p> <p>The number of HCAs rostered is adequate to meet the care needs of residents. Staff absences are covered through additional shifts by existing staff. Rosters reviewed confirm that staffing is consistently maintained to support safe care delivery. Interviews with staff and family/whānau indicate that caregiver staffing levels are appropriate and meet residents' needs. HCAs who are medication competent are rostered on morning, afternoon and night shifts to carry out medication administration. At Springvale Manor, which accommodates five rest home-level and 22 dementia-level residents, staffing includes three HCAs (working eight-hour shifts) during both morning and afternoon shifts and two HCAs overnight. A separate team manages laundry, cleaning and kitchen duties.</p> <p>An annual training programme is in place for all staff, covering both clinical and non-clinical topics. Training is delivered monthly and is supported by both online and in-house modules. The service actively promotes a culturally safe environment through education and support. Staff have completed cultural awareness training, which includes resources and content that improve understanding of Māori health outcomes, health equity and disparities. This supports staff in accessing and applying current Māori health information to their practice.</p> <p>Staff competencies are aligned with the training programme. All HCAs, the RN, and the EN and are required to complete annual competencies in areas such as restraint, hand hygiene, wound care, health and safety, use of PPE and moving and handling. Records of completion are maintained.</p>
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		<p>There are 15 HCAs working in the dementia unit. Thirteen of the 15 staff have completed the required dementia care standards, as outlined in Clause E4.5.f of the Aged Residential Care Services Agreement. The remaining two staff members are currently in progress. The service encourages and supports HCAs to obtain New Zealand Qualifications Authority (NZQA) certifications. Two HCAs have completed level 4, three HCAs have completed level 3, and seven have completed level 2 NZQA qualifications in Health and Wellbeing.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Springvale Manor has comprehensive human resources policies in place covering recruitment, selection, orientation, and ongoing staff training and development. A review of six staff files (including a registered nurse, clinical manager, two healthcare assistants, a diversional therapist, and a cleaner) confirmed that recruitment processes were followed, including signed employment agreements, police vetting and completed orientation.</p> <p>Job descriptions are in place for all roles and clearly outline responsibilities, accountabilities, delegated authority, expected outcomes, and key functions. A current register of practising certificates is maintained for all relevant health professionals. An appraisal policy and schedule form part of the human resources framework, and all staff employed for more than 12 months had a documented annual performance appraisal.</p> <p>The service has a structured, role-specific orientation programme that equips new staff with essential information to support safe work practices. This includes a buddy system during the initial period of employment. Competency assessments are completed as part of the orientation process. The programme is designed to support registered nurses and HCAs in delivering care that is culturally safe and responsive to Māori.</p> <p>Staff information is securely stored and treated as confidential. Ethnicity data is collected and maintained in an employee ethnicity database. In the event of a staff incident or accident, evidence of debriefing, support, and follow-up actions is clearly documented.</p>

		<p>Staff wellness is a recognised priority within the service. Staff are supported through wellness initiatives. Management accommodates staff requests for leave to meet cultural and personal commitments. Staff interviews confirmed they feel respected and supported, particularly in relation to their individual values, cultural practices and wellbeing needs.</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 Moderate</p>	<p>Resident records and associated staff information are maintained in hard copy format. Electronic documentation, such as meeting minutes, policies, and procedures, is regularly backed up using secure, cloud-based technology and is password protected.</p> <p>Resident files are appropriate to the level of service provided and demonstrate integration with other service components. Records are uniquely identifiable, legible; however, not all entries were consistently dated and signed.</p> <p>Organisational documents are securely archived and appropriately destroyed in accordance with retention policies. No personal or private resident information was observed to be publicly displayed during the audit. A privacy concern was noted on the day of the audit involving the use of a personal mobile phone by staff members to request pro re nata (PRN) medication from the clinical manager.</p> <p>The service does not hold responsibility for National Health Index (NHI) registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We</p>	<p>FA</p>	<p>Prospective residents are assessed by the needs assessment and service coordination (NASC) team as requiring rest home or dementia care. The clinical manager advises the majority of the prospective residents are referred by the social workers and often there is no family involvement prior to admission. If families do wish to visit prior to entry they are welcomed and given a tour and the opportunity to meet with staff. There is an information pack available that is comprehensive and provides full information on the home. Management staff are always available to discuss any part of</p>

<p>focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>the process with family.</p> <p>The admission, discharge and transfer policy specify the entry criteria, and the processes and documentation required on admission. If a prospective resident does not meet entry criteria, they and their family/whānau are informed and referred back to the NASC. Staff collect data on admission which includes ethnicity. Information, including the Code, is displayed in the entranceway and is available in English and te reo Māori. No other ethnicities are currently requiring the code in another language; however, the staff know where to access these if needed. The service has established links with local Māori and staff who identify as Māori are available to support Māori residents and their whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>The home has policies and procedures supporting models of care that meets the physical, cultural, spiritual, and social dimensions and aspirations of the resident's wellbeing. The clinical manager is responsible for the overall care of the residents and currently completes all the interRAI assessments. The registered nurse is a new graduate who has been employed at the home for three months.</p> <p>Five resident files were reviewed: one rest home and four dementia unit files. An initial assessment is completed on the day of admission by the registered nurse. From the initial assessments, an initial care plan is developed. Family/whānau interviewed confirmed they were involved in the initial assessment and care planning process; however, this is not always documented in the files reviewed. The clinical manager completes interRAI assessments for residents who require these; however, not all assessments were reflective of the resident's current condition.</p> <p>Within three weeks of admission, a long-term care plan is developed which reflects the interRAI assessment; however, not all clinical needs were addressed in the files reviewed and one resident did not have a long-term care plan. The interRAI dashboard indicated that no assessments were overdue; however, not all interRAI assessments were evidenced as being completed</p>

	<p>within timeframes. The clinical manager has been working diligently to ensure all interRAI assessments are up to date.</p> <p>Long-term care plans are not all being reviewed regularly by the RN following the interRAI reassessment which is completed by the clinical manager. Short-term care plans are used for acute events or infections; however, these are not consistently completed, signed off or added to the long-term plan when lasting more than three weeks. Residents in the dementia unit have an individualised 24-hour care plan documented, which was reflective of the residents usual routines and provided interventions to manage behaviours.</p> <p>Medical care is provided by either by the resident's own general practitioner or the home general practitioner who is also the owner. The home's general practitioner is also supported by a nurse prescriber who is a nurse practitioner in training. The medical files do not always evidence residents are seen within five days of admission. Medical reviews are not always evidenced as occurring at least three-monthly by the GP (link 3.4.1); however, there was evidence of nurse prescriber reviews for acute issues between the routine three-month reviews. The nurse practitioner interviewed reported they cover the after hours calls, and they call the GP for advice where required. Where the general practitioner or the nurse prescriber change medications, the clinical manager would notify families, and this was supported in interviews with family/whānau. Family/whānau confirmed that staff communicate with them in a timely manner if the condition of a resident change.</p> <p>The facility manager and clinical manager confirmed that they use a nail technician who is a RN who provides footcare for residents.</p> <p>Records of resident's files include monthly vital signs, weights, and blood sugars, and these are recorded in the electronic medication system. At the time of the audit, there were no pressure injuries and five skin tears being treated. Each wound has an assessment, management plan and evaluation completed. Incident forms reviewed showed that all falls had had their neurological observations completed; however, documentation in the residents notes of a review by the registered nurse was not always evident.</p> <p>There are cultural guidelines used to complete Māori health and</p>
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		<p>wellbeing assessment tools to ensure that tikanga and kaupapa Māori perspectives are part of the assessment process. The cultural assessment and Māori care plan for two residents who identify as Māori were reviewed and showed that good assessments and planning had been undertaken with resident and family involvement. The home has the support of Tamaūpoko Community Led Trust for all cultural guidance.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activity programme is run by a diversional therapist who works 20 hours a week. The diversional therapist develops the programme and runs it Monday to Friday mornings. The HCAs run the programme in the afternoons and in the weekends.</p> <p>The diversional therapist completes an assessment of hobbies, interests and life experiences and uses this information to develop a care plan for group and individual activities. Family/whānau confirmed that the activities plans were personalised and was reflective of their relatives likes and interests. The activities are run in the dementia wing and rest home residents are encouraged to attend. Attendance records of activities are maintained. Individual activities are also undertaken for the rest home and the dementia residents.</p> <p>There are also individual sessions provided to the four rest home residents in order to meet their needs. At times, the programme varies from the printed programme when the residents' mood dictates a different activity is more appropriate on the day. Residents have the choice of a variety of activities in which to participate, and every effort is made to ensure activities are meaningful and tailored to residents' needs. Input from families/whānau is provided and family/whānau interviews indicated that the diversional therapist knows the residents well and ensures that their likes and interests are included in the programme. The rest home residents and family/whānau spoke very positively of the activities.</p> <p>There are van outings once a month and involvement from different community members. Pet therapy is offered, and different entertainers visit the home. There are themed days such as Matariki, and Waitangi Day celebrated with appropriate resources</p>

		<p>available. Cultural-themed activities include the use of Māori music, language and TV/film. The use of te reo Māori for everyday use is encouraged and signage was in English and te reo Māori. These were sighted around the home.</p> <p>Five files reviewed showed that the residents had an individual programme and the dementia residents had a 24-hour programme. These had been reviewed within the last six months. Access to community was supported where needed.</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>The medication management policy and protocols documented align with current legislation and guidelines. An electronic system is in use for documenting photographic identity, prescriptions, administration, and allergies/adverse effects. Staff complete annual competency assessments and these are current. Ten medication charts reviewed met legislative prescribing requirements. All medication charts had photographic identification and sensitivities, and allergy status documented. There was no consistent evidence that the general practitioner reviews the medication charts at least three-monthly.</p> <p>When medicines arrive at the facility, they are checked against the medication chart by the registered nurse. Regular medications are blister packed and any pro re nata (PRN) medications are labelled for the resident for whom it is prescribed. The general practitioner or the nurse prescriber prescribe all medications, including over-the-counter supplements if needed. When there are medication changes, the family/whānau and residents are kept informed of the reasons and potential side effects. On discussion with the registered nurse, and check of the medication trolley, it was noted that a prescribed medication (lactulose) for one resident is used for other residents.</p> <p>A medication round was observed in the dementia unit. Staff were seen to be following the policy and administering medications safely. Medicines are stored in a locked trolley, which is kept in a locked cupboard. Expired and no-longer used medications are returned to the pharmacy for disposal; however, on checking there</p>

		<p>were two resident medications that had been discontinued and had not been returned to the pharmacy. The policy covers safe self-administration of medication. At the time of the audit, there were no residents self-administering their medications. There are no standing orders.</p> <p>Medication errors were reported and followed up. Where a PRN medication is required, the HCA notifies the registered nurse on call for authorisation, usually by text; however, there is no evidence of RN follow up the next day documented in the residents notes or medication chart.</p> <p>The registered nurse works in partnership with residents and the general practitioner to ensure residents have access to their regular medications and over-the-counter supplements. At the time of the audit there were residents who identified as Māori, and the registered nurse described providing support and advice to all residents regarding their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>PA Low</p>	<p>The kitchen is normally run by a cook who is currently on leave for eight weeks. A temporary cook has been employed to cover this period and is a qualified baker. It was their third day at work on the first day of the audit. The breakfast meal is prepared by the HCAs, and the cook prepares the lunch and the dinner meals. The kitchen is centrally located, and meals are served directly into the dementia dining room. One rest home resident has their meals in the dining room in the dementia unit, and the other rest home residents choose to eat in their rooms. There is a separate dining room for rest home residents which was often not used due to resident preference to eat in their rooms. Observations of the dining room and meal service showed that residents were supported with their meals if required and were treated with dignity. There was adequate staff available to assist those needing support.</p> <p>There was a current food control plan in place, and the facility manager and clinical manager advise that a dietitian reviews the menu; however, there is no documentation to support this.</p> <p>Prepared food was covered, dated and stored in the refrigerator;</p>

		<p>however, dry food that had been decanted into containers in the pantry did not all have opening or expiry dates recorded. There were records of refrigerator temperatures and records verified these were within acceptable parameters. These were carried out Monday to Friday and there were no records available of the freezer temperatures. Staff were observed to be wearing the correct personal protective clothing. End-cooked food temperatures and serving temperatures are recorded at each meal.</p> <p>Each resident had a nutritional assessment completed by the registered nurse on admission. Individual dietary requirements were documented in the resident's clinical file, and a copy of this information was sighted in the kitchen. Supplements are provided to residents with identified weight loss issues. Residents have access to finger foods at any time, day or night.</p> <p>The cook interviewed was knowledgeable about the consideration of cultural values and beliefs. There were Māori residents at the time of audit and no special menu items were required for them. The cook was happy to provide any specific item should they have any requests.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There are policies in place to manage admissions, discharges and transfers, Interview with the clinical manager and the registered nurse confirms that transfers and discharges are a planned process with includes discussion with residents where appropriate and their family/whānau. Where a transfer is required to a higher level of care a referral is completed to the needs assessment service coordination (NASC) team for a reassessment. The NASC team discusses with the family/whānau what options are available for them to transfer to another aged care facility. A handover occurs between the registered nurse and other facility when a resident is transferred. Medication charts, interRAI documents, enduring power of attorney documents, and resuscitation status are sent with the resident and family/whānau. Where residents wish to be or need to be seen by another health and disability service, including Kaupapa Māori agencies, a referral is sent.</p>

		Emergency discharges to the local hospital are managed using the brown envelope system that is provided by the local hospital which includes a list of all the relevant information that is needed.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	PA Moderate	<p>The building warrant of fitness is current to June 2026. There is a maintenance schedule in place for regular maintenance of the building, grounds and equipment. If equipment needs repair or a hazard is identified, this is entered into a maintenance book and remedied as soon as possible. Electrical equipment is tested and tagged annually as scheduled. Hot water temperatures are monitored and within the acceptable ranges. There is a preventative and reactive maintenance schedule in place.</p> <p>Throughout the facility, corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens were well maintained. All outdoor areas have seating and shade. There is safe access to all communal areas. Each resident room has a window and plenty of light. The resident rooms and communal areas are inclusive of all cultures. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including a separate facility for staff and for visitors.</p> <p>The communal lounges and hallways in the dementia unit are carpeted; however, the carpet in the main lounge has a number of areas where the carpet has frayed. On discussion of tripping hazards on the day of audit the maintenance person has taped down five areas that were a risk. There is a large enclosed outdoor area for the dementia unit that is accessible and provides a walking area.</p> <p>The rest home area lounge/dining room is light and spacious, and the bedrooms are large with full ensuites. There is a separate outdoor area with seating available for the rest home residents.</p> <p>Staff interviewed felt that they had enough equipment to provide care for residents.</p>

		<p>The service has no plans to expand or alter the building. The management team are aware of their obligations to consider how designs and the environment reflects the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Moderate</p>	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand (dated 4 December 2024). Fire evacuation drills are carried out six monthly and the last drill was on 21 May 2025.</p> <p>Civil defence supplies are stored in the dementia wing with emergency food supplies stored in the kitchen. These are checked six monthly and were sighted to be current. In the event of a power outage, there is no access to a generator which can power emergency lighting, medical equipment and cooking facilities. A gas barbeque is available for cooking. There is adequate food supply available for each resident for a minimum of three days. There are adequate supplies in the event of a civil defence emergency. The provider has stored bottled water, providing sufficient water supplies to provide for a minimum of three days. Emergency response information is readily available in the nurse's station. A minimum of one person trained in first aid is always available on duty.</p> <p>There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells are tested monthly by the maintenance person. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The facility is secured at night with the doors closed by staff at predetermined times and security checks completed. Family/whānau are informed of emergency procedures. On interview, staff confirmed an awareness of the process to follow should an emergency event occur. The dementia unit is secure at all times.</p>

<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention and control (IC) programme is tailored to match the size, scope, and risk profile of the service and is incorporated into the overarching quality framework. Infection prevention, control, and antimicrobial stewardship (AMS) are embedded within Springvale Manor’s quality planning to promote a safe environment for residents, staff and visitors. Support and specialist guidance in IC and AMS are available through Public Health and Health New Zealand specialists with relevant resources accessible to staff.</p> <p>The IC is a standing agenda in the staff/quality meetings, where infection data is reviewed, summarised and analysed for trends. Meeting minutes are made available to all staff. Any significant infection-related issues are addressed collaboratively with input from the IC coordinator, the GP, nurse prescriber and advice from Public Health representatives. A formal communication pathway ensures that IC and AMS matters are reported to governance at scheduled quarterly meetings.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control programme is supported by a comprehensive manual that includes a full suite of policies and procedures tailored to the facility’s size and scope. This cover defined roles and responsibilities, outbreak and pandemic preparedness, protocols during construction or refurbishment, and staff education. Policies are kept up to date with regular input from an aged care industry expert and are readily accessible to staff. Both the IC and AMS programmes have been approved by the owner, CEO and management team and undergoes an annual review. Internal IC audits are carried out as part of the service’s internal audit cycle.</p> <p>The IC coordinator is the clinical manager. A job description is in place and the IC coordinator has completed infection control training. The IC coordinator receives ongoing support from the GP, laboratory services, an external consultant, and the Health New Zealand infection control specialist. The IC coordinator is actively involved in the oversight of IC programme. Outbreak kits and personal protective equipment (PPE) are available and checked for</p>

		<p>readiness, and IC resources are accessible to activate the pandemic response plan if required.</p> <p>During the facility tour, staff were observed following appropriate IC practices. Staff interviews confirmed awareness of standard precautions, access to up-to-date IC guidelines, and understanding of cultural safety, particularly in partnership with Māori residents and whānau. The IC coordinator confirmed that infection prevention resources, including hand hygiene posters in te reo Māori, are readily accessible and support culturally responsive practices in line with Te Tiriti o Waitangi.</p> <p>The IC coordinator also contributes to the procurement of high-quality PPE and infection control supplies, with regular checks on stock and expiry dates. There are clear protocols for the safe use and disinfection of reusable equipment, and single-use medical devices are not reused. Adherence to these procedures is monitored through stock checks.</p> <p>Education on infection prevention is embedded in staff orientation and the annual training programme. Staff have completed competency assessments, including hand hygiene and PPE use. IC education is also provided to residents as part of their daily care routines, and family/whānau are kept informed when needed. Visitors are encouraged to stay away if unwell. Although no environmental changes are currently planned, the facility manager confirmed during the interview that any future modifications will include input from the IC coordinator to maintain infection prevention standards.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to</p>	<p>FA</p>	<p>The service has a tailored antimicrobial stewardship policy suited to the needs and complexity of the service. Antibiotic and antimicrobial use is regularly monitored through reviews of prescribing practices and medication charts. Monthly infection data is reviewed and shared at staff/quality meetings. Prophylactic antibiotic use is not encouraged, aligning with best practice guidelines. Oversight of antimicrobial use is provided by the GP ensuring clinical accountability.</p>

<p>the needs, size, and scope of our services.</p>		
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>PA Low</p>	<p>Infection surveillance forms a key component of the infection prevention and control programme at Springvale Manor. Staff record infection data monthly using a paper-based register, tracking cases based on defined signs and symptoms. This information is collated into a monthly infection summary, where trends and patterns are analysed; however, the effectiveness of antimicrobial use was not documented, making it unclear whether the infection was successfully treated or resolved.</p> <p>Ethnicity data is included in the infection surveillance process, supporting a more informed analysis of infection trends across different population groups. A review of recent infection control data indicated that there were no recorded infections among Māori residents. Findings are regularly shared during staff meetings, and important updates are also communicated during shift handovers.</p> <p>Where infection trends raise concern, action plans are put in place—for example, increasing fluid rounds in response to a rise in urinary tract infections. Communication protocols ensure timely updates to staff and whānau when healthcare-acquired infections occur. The facility also stays informed about wider community health concerns through updates from Health New Zealand. There has been an infectious outbreak in March 2025 which is reported to the local Public Health Authority.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic</p>	<p>FA</p>	<p>There are established policies in place covering chemical safety, hazardous substances, and waste disposal processes. All chemicals observed were clearly identified with manufacturer labels and securely stored in laundry. Cleaning products are placed on trolleys which are locked away when not in use, and dispensing is controlled via a pre-measured mixing system. Safety data sheets and product information are up to date and readily accessible. Approved sharps containers are used and comply with relevant hazardous substances regulations. Personal protective equipment</p>

<p>environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>		<p>(PPE), including gloves, aprons, masks, and eye protection, is available to staff, who were seen using these appropriately during the audit. There is a dedicated sluice room. Staff have completed training on chemical safety, and a contracted provider monitors chemical effectiveness.</p> <p>Laundry services are carried out on site by a designated laundry staff member, available seven days a week. The laundry is set up with separate adjoining rooms designated for clean and dirty linen. Staff clearly explained the workflow, noting that clean laundry is only transferred to the clean area once all soiled linen has been processed and removed, ensuring effective separation and minimising any risk of cross-contamination. Residents' personal clothing is returned in individually labelled baskets, and linen is delivered on covered trolleys to storage cupboards. Adequate space is available for linen storage, which was observed to be clean, organised, and well stocked. Internal audits monitor both cleaning and laundry services, and all equipment is maintained through scheduled servicing. Staff responsible for these areas demonstrated a sound understanding of their roles and responsibilities. Cleaning and laundry services are monitored through internal audits, and survey results indicate a 90% satisfaction rate from residents and families.</p> <p>The facility manager is responsible for overseeing the audit processes for cleaning and laundry, with the clinical manager monitoring infection prevention practices related to the environment. Renovations and maintenance are guided by the facility's infection prevention and control policy, which outlines the role of the IC coordinator in ensuring safe practices are maintained throughout.</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>FA</p>	<p>The restraint coordinator is a registered nurse, who has a defined role. The policy and procedures meet the required standard. The restraint policy is aimed towards restraint elimination. Restraint consideration is done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with</p>

<p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>Māori, to promote and ensure services are mana enhancing.</p> <p>Staff have been trained in the least restrictive practice, safe restraint practice, and cultural practices and de-escalation techniques as part of the education programme. Staff interviews confirmed that restraint was understood by the staff and their responsibilities.</p> <p>The home is working towards eliminating restraint.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>PA Low</p>	<p>The restraint policy documents the requirements of safe restraint use and the type of restraints approved. The restraint register was maintained and current and showed one resident using restraint. Written consent was obtained by the residents' EPOA before use of a restraint and bed rails were provided at the EPOA request. The use of the restraint was documented in the resident's care plan. The care plan addresses the resident's cultural, physical, psychological, and psychosocial needs; however, monitoring of restraint use is not fully documented.</p> <p>Māori staff are available as needed for cultural aspects of restraint and review.</p> <p>Any comments related to restraint use is recorded in progress notes. There have been no episodes of emergency restraint required at the service. The restraint coordinator could describe where emergency restraint may be considered and the debrief that would be held following this.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and</p>	<p>PA Low</p>	<p>Policy defines quality reviews of audit to occur at governance level; however, on discussion with the restraint coordinator these have not been occurring. No meetings or minutes have been held. Restraint use has been audited. Review of the resident's consent form showed that the restraint has not been reviewed with family/whanau since April 2024.</p>

implementing improvement activities.		
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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)
Criterion 1.7.7 My advance directives (written or oral) shall be followed wherever possible.	PA Low	A policy that guides informed consent is in place and includes guidance on advance directives. Resuscitation status documentation was not always completed correctly.	In three of the five files reviewed, the resuscitation status forms were incorrectly completed. In these cases, the GP completed the wrong section of the form by deeming the resident competent, despite them residing in the dementia unit, and the advance directive was signed by a family member.	Ensure that advanced directives around resident’s resuscitation status completed correctly. 60 days
Criterion 1.8.3 My complaint shall be addressed and resolved in accordance with the Code of Health and Disability Services Consumers’ Rights.	PA Low	Complaints were managed by the clinical manager with support from the CEO. The complaints register recorded two complaints in 2024, and none for 2025; however, the documentation related to the complaints was not always completed in accordance with HDC	i). Complaint register did not include supporting documents such as complaint acknowledgement letters, investigations, meetings and outcome letters and appeal process and resolution. ii). The HDC complaint did not have any documents from the complaint letter to	i). & ii). Ensure that complaints process is followed in accordance with guidelines set by the Health and Disability Commissioner.

		<p>guidelines. Furthermore, complainants were not informed of the appeals process, and resolutions were not documented. Additionally, a 2023 HDC complaint remains open. While the service confirmed that the requested information had been sent to HDC, related documentation was missing from the register and could not be located.</p>	<p>the latest documentation that was provided to the HDC.</p>	<p>90 days</p>
<p>Criterion 2.1.2</p> <p>Governance bodies shall ensure service providers' structure, purpose, values, scope, direction, performance, and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals.</p>	<p>PA Low</p>	<p>A current business plan for 2024 exists, which links to the Living Waters Medical Solutions Limited's vision, mission, values, and strategic direction. Clear specific business goals are documented to manage and guide quality and risk.</p>	<p>While a 2024 business plan is in place, the owner is in the process of updating it to reflect future strategic direction.</p>	<p>Ensure the business plan is up to date.</p> <p>90 days</p>
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA Low</p>	<p>Springvale Manor has implemented a structured quality and risk management framework supported by up-to-date policies, internal audits, and clinical data monitoring. Internal audits have been completed as scheduled, and corrective actions (where identified) have been documented and closed out. The internal audit for clinical files showed 100% compliance; however, the resident files reviewed in this audit included some of these from the internal audit review, which were found not to be 100% compliant.</p>	<p>The internal audit completed around resident files and documentation was not accurately completed to reflect actual practice.</p>	<p>Ensure that audits undertaken accurately reflect actual practice.</p> <p>90 days</p>

<p>Criterion 2.5.1</p> <p>Service providers shall maintain quality records that comply with the relevant legislation, health information standards, and professional guidelines, including in terms of privacy.</p>	<p>PA Moderate</p>	<p>Resident records and staff-related information are stored in hard copy format, while electronic documents such as meeting minutes, policies, and procedures are securely backed up using password-protected, cloud-based technology.</p> <p>Resident files are appropriate to the level of service provided and show integration with other service components; however, not all entries were consistently dated and signed and a breach of clinical information privacy by staff was identified.</p>	<p>i). Resident clinical records were not consistently up to date, and several documents, including assessments and care plans, were found to be unsigned and undated.</p> <p>ii). Staff members used their personal mobile phone to request PRN medication from the clinical manager, contrary to information privacy and security protocols.</p>	<p>i). Ensure that all records are signed and dated.</p> <p>ii). The service will implement measures to ensure staff do not use personal devices for clinical communication, thereby upholding resident privacy and confidentiality.</p> <p>60 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Moderate</p>	<p>The resident files reviewed evidenced all residents had an initial assessment completed within the required timeframe. InterRAI assessments and reassessments were completed within expected timeframes; however, not all initial care plans and long-term care plans were evidenced to be completed within expected timeframes.</p> <p>Staff and family/whānau interviewed stated that care plans were discussed with the resident and family/whānau; however, this was not always documented in the resident files reviewed. Not all initial GP reviews were completed within the first five days following admission to the facility.</p>	<p>i). One resident had been in the home at dementia level care for eighteen months and did not have a long-term care plan in place.</p> <p>ii). One file in the dementia unit evidenced the initial care plan was not completed within the required timeframe of 24 hours.</p> <p>iii). Evidence of family/whānau involvement in care planning was not evidenced in all five resident files reviewed.</p> <p>iv). All five files could not provide evidence of a review by the general practitioner within five days of admission.</p> <p>v). One rest home resident admitted on an intermittent care contract did not have evidence of a care plan</p>	<p>i). & ii). Ensure care plans are completed in the required timeframes.</p> <p>iii). Ensure resident and family/whānau involvement in care planning is documented.</p> <p>iv). Ensure all residents are reviewed by the GP within five days of admission.</p> <p>v). Ensure all initial interRAI assessments are completed within 21 days of admission.</p> <p>60 days</p>

			documented on admission, and following permanent admission did not have the initial interRAI assessment completed within 21 days of admission.	
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The</p>	<p>PA</p> <p>Moderate</p>	<p>The assessment and care planning processes are completed by the clinical manager and/or RN. Residents and family/whānau interviewed confirmed they were included in these processes; however, this is not always well documented. InterRAI assessments are completed by the clinical manager and the long-term care plans care developed from these by the RN; however, not all current interventions identified in assessments were documented in the care plans. Progress notes are documented, however not always in accordance with policy. There is no consistent RN follow up in progress notes following administration of pro re nata medications (antipsychotic medications) or incidents that occur after hours.</p>	<p>i). There was no evidence of a pain assessment completed for a rest home resident experiencing pain.</p> <p>ii). One resident in the dementia resident had no interventions documented in a care plan who had been in the facility for 18 months.</p> <p>iii). There is no consistent evidence of RN general weekly review of residents in progress notes for all five files reviewed.</p> <p>iv). There was no consistent evidence of progress notes documented by HCAs each shift as per policy for one rest home resident.</p> <p>v). In cases where pro re nata (PRN) medications (antipsychotic medications) have been administered after hours in three files reviewed, there is no documented evidence of an RN follow up the next morning (or earliest opportunity).</p> <p>vi). Incident reports were completed for a rest home resident who had nine falls recently which evidenced RN follow up; however, the care plan was not updated to review fall prevention strategies.</p>	<p>i). Ensure pain assessments are documented as per policy.</p> <p>ii). Ensure all residents have a care plan documented.</p> <p>iii).- v). Ensure progress notes are documented by the HCAs and RNs as per policy.</p> <p>vi). & vii). Ensure care plan interventions are reflective of residents current needs.</p> <p>60 days</p>

<p>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>vii). One rest home resident who became a permanent resident in December 2024 did not have evidence of a). A care plan review following the completion of the interRAI assessment. b). The interRAI assessment was not reflective of the total number of falls the resident was identified to have according to incident reports. c). no falls individualised falls prevention strategies documented.</p>	
<p>Criterion 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person’s care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p>	<p>PA Moderate</p>	<p>Care plan evaluations occur at least six monthly as planned and evidence residents progression towards meeting goals; however, care plans were evidenced to be completed.</p> <p>Short term care plans are not always developed for acute changes as per policy, and those developed are not always signed off or transferred to the long-term plan if resolved in three weeks. InterRAI assessments do not always reflect the current condition of the resident at the time of the interRAI assessment.</p>	<p>i). Eighteen short-term care plans were not signed off or transferred to the long-term plan.</p> <p>ii). Two residents treated for infections did not have a short-term plan as per policy.</p> <p>iii). One interRAI reviewed showed that the falls the resident had had in the last month was one fall when incident forms identify four falls.</p>	<p>i). Ensure short-term care plans are signed off or are transferred to the long-term plan if not resolved in three weeks.</p> <p>ii). Ensure short-term care plans are developed for any acute changes in condition.</p> <p>iii). Ensure data used to inform the interRAI is accurate.</p> <p>90 days</p>

<p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>				
<p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>Medication polices are in place which align with current legislation and guidelines. The service utilise an electronic medication management system. All medication charts reviewed evidenced appropriate prescribing and administration of medications. The HCAs and RNs administering medications have completed competency training. Medication is stored correctly within a locked room. Medications are checked on delivery from the pharmacy; however, discontinued medications were not all returned to the pharmacy when no longer required. on checking the medication trolley and discussion with the RN, there was evidence that liquid medication prescribed for one resident was used for several residents. PRN medications are administered by HCAs including administration of antipsychotic drugs. PRN drugs are administered after advice is sought from the RN; however, there was no evidence of</p>	<p>i). Two residents discontinued medications had not been returned to the pharmacy. ii). Medication (Lactulose) prescribed for one resident was used for several residents. iii). Following the use of PRN medications (including antipsychotic medications), there is no documented follow-up the next day (or earliest opportunity) by the registered nurse for efficacy. iv). There was no consistent evidence of a GP three monthly review.</p>	<p>i). Ensure medications are returned to the pharmacy when no longer required. ii). Ensure medication is only used for the person it is prescribed for. iii). Ensure that any PRN medications given are reviewed for efficacy. iv). Ensure there is evidence of routine three monthly reviews by the GP.</p> <p>60 days</p>

		efficacy and outcome documented by a registered nurse the following day (or earliest opportunity). Not all three-monthly GP reviews were consistently documented in the resident files reviewed.		
Criterion 3.5.4 The nutritional value of menus shall be reviewed by appropriately qualified personnel such as dietitians.	PA Low	The home operates a six-week rotating menu that caters for individual preferences for residents; however, there was no evidence of when the menu was last reviewed by a dietitian.	There was no documented evidence of a review of the menu by a dietitian.	Ensure that the menu is review by a qualified dietitian 90 days
Criterion 3.5.5 An approved food control plan shall be available as required.	PA Low	A current food control plan is in place; however, not all processes have been consistently maintained to meet food control plan requirements.	i). Fridge temperatures are only recorded Monday to Friday. ii). There was no records found of the freezer temperatures being recorded. iii). Food that had been decanted from its original containers were not all dated of opening or expiry date.	i). & ii). Ensure fridge and freezer temperatures are recorded daily. iii). Ensure any decanted food is dated on opening and has the expiry date recorded. 60 days
Criterion 4.1.2 The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.	PA Moderate	The dementia unit is secure and provides adequate space for residents to move around freely. Outdoor spaces are secure and provide seating and shade. The main lounge area of the dining room is bright and airy and provides for independence of movement both inside and to the outside area. Areas of the main lounge carpet provide for	The carpet in the main lounge is worn and threadbare in places creating trip hazards for the residents.	Ensure the carpet in the lounge area is either replaced or repaired. 90 days

		a risk of tripping.		
<p>Criterion 4.2.7</p> <p>Alternative essential energy and utility sources shall be available, in the event of the main supplies failing.</p>	<p>PA Moderate</p>	<p>The facility has an emergency plan in place to guide staff in the event of an emergency and staff were able to provide evidence of this. There is a barbeque to use for alternative cooking in the event of a mains power failure; however, there is no alternative energy source for running lighting and medical equipment. There is no access to a generator or agreement in place with a local contractor.</p>	<p>There is no alternative energy source in the event of main power failing.</p>	<p>Ensure that the facility has access to a generator in the event of a mains power failure.</p> <p>90 days</p>
<p>Criterion 5.4.1</p> <p>Surveillance activities shall be appropriate for the service provider and take into account the following:</p> <p>(a) Size and complexity of the service;</p> <p>(b) Type of services provided;</p> <p>(c) Acuity, risk factors, and needs of the people receiving services;</p> <p>(d) Health and safety risk to, and of, the workforce;</p> <p>(e) Systemic risk to the health and disability system as a whole.</p>	<p>PA Low</p>	<p>The infection surveillance programme is designed to reflect the size, and complexity of the service. Surveillance activities focus on resident acuity, common infection types, and workforce health and safety risks. Data is reviewed monthly, with trends informing prevention strategies; however, treatment effectiveness was not recorded.</p>	<p>While antimicrobial use was monitored as part of infection surveillance, there was no documentation of treatment effectiveness, limiting the ability to evaluate whether antimicrobial interventions were appropriate or successful.</p>	<p>Ensure that effectiveness of antimicrobial usage is documented.</p> <p>90 days</p>

<p>Criterion 6.2.2</p> <p>The frequency and extent of monitoring of people during restraint shall be determined by a registered health professional and implemented according to this determination.</p>	<p>PA Low</p>	<p>The registered nurse determines the frequency and extent of restraint monitoring in the care plan interventions, which is conducted every two hours while the restraint is in use.</p>	<p>Two-hourly monitoring by healthcare assistants was evident; however, the time of restraint initiation and release was not documented. Although monitoring was signed off, the absence of recorded times means the duration of restraint could not be determined.</p>	<p>Ensure that the time of restraint initiation and release is clearly documented.</p> <p>90 days</p>
<p>Criterion 6.3.1</p> <p>Service providers shall conduct comprehensive reviews at least six-monthly of all restraint practices used by the service, including:</p> <p>(a) That a human rights-based approach underpins the review process;</p> <p>(b) The extent of restraint, the types of restraint being used, and any trends;</p> <p>(c) Mitigating and managing the risk to people and health care and support workers;</p> <p>(d) Progress towards eliminating restraint and development of alternatives to using restraint;</p> <p>(e) Adverse outcomes;</p> <p>(f) Compliance with policies and procedures, and whether changes are required;</p> <p>(g) Whether the approved restraint is necessary; safe; of an appropriate duration; and in accordance with the</p>	<p>PA Low</p>	<p>There was no evidence of regular reviews of restraint practices or meetings held to review restraint practices. There was evidence of family involvement when restraint was initially implemented and one review nine months after.</p>	<p>i). The care plan of the resident using restraint showed that it was dated July 2023. There was evidence that the family had last signed a restraint consent form in April 2024.</p> <p>ii). There was no evidence of meetings held to review restraint practice.</p>	<p>i). Ensure whānau are involved at least six monthly in the review of restraint.</p> <p>ii). Ensure review meetings are held at least six monthly and evidence a review of all restraint practices</p> <p>90 days</p>

<p>person's and health care and support workers' feedback and current evidenced-based best practice;</p> <p>(h) If the person's care or support plans identified alternative techniques to restraint;</p> <p>(i) The person and whānau, perspectives are documented as part of the comprehensive review;</p> <p>(j) Consideration of the role of whānau at the onset and evaluation of restraint;</p> <p>(k) Data collection and analysis (including identifying changes to care or support plans and documenting and analysing learnings from each event);</p> <p>(l) Service provider initiatives and approaches support a restraint-free environment;</p> <p>(m) The outcome of the review is reported to the governance body.</p>				
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.