

# The Russley Village Limited - Ashley Suites

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## Introduction

This report records the results of a Surveillance 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 The DAA Group Limited, 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:** The Russley Village Limited

**Premises audited:** Ashley Suites

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 14 August 2025 End date: 14 August 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:** 43

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

The Russley Village Limited – Ashley Care Suites (Russley Village) provides rest home and hospital level of care for up to 52 residents. The service is operated by Generus Living Group. The facility is managed by a health service manager, supported by the clinical manager who oversees all clinical services. There have been no changes to the service since the last audit.

This surveillance audit process included review of policies and procedures, review of residents’ and staff files, observations, and interviews with residents, whānau, a member of the governance group, managers, staff, and a general practitioner.

No areas for improvement were identified because of this audit.

## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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The Russley Village works collaboratively to support and encourage a Māori world view of health in service delivery. There were no Māori residents at the time of audit. Māori will be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake when admitted.


Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these are upheld. Service providers maintain professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. The property and finances of residents were respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents and whānau felt included when making decisions about care and treatment.

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

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

A clinical governance structure meets the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

The National Adverse Events Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff have the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe equitable service delivery.

Professional qualifications are validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive risk-based assessments, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional and cultural needs of the residents. Food is safely managed, supported by an approved food control plan.

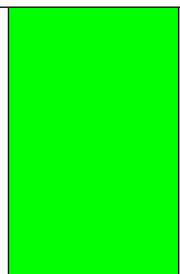
Residents are referred or transferred to other health services as required.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical equipment is tested as required.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, is linked with the quality improvement programme, and is reviewed and reported on annually.

Staff demonstrated good principles and practice around infection control supported by relevant IP education.

The 'Surveillance of health care-associated infections' programme is appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service maintains a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, and alternative interventions, and demonstrated effective practice.

## 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	18	0	0	0	0	0
Criteria	0	49	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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>	FA	<p>The Russley Village has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. A Māori health plan has been developed with input from cultural advisers and is available for residents who identify as Māori. The health services manager (HSM) is endeavouring to establish links with a local marae and with Health New Zealand – Te Whatu Ora Waitaha Canterbury (Te Whatu Ora Waitaha Canterbury).</p> <p>There were no residents and no staff who identified as Māori on the day of the audit. The HSM and staff reported, and documentation confirmed, that staff have attended cultural safety training.</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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews</p>	FA	<p>The Russley Village works to ensure Pacific peoples' worldviews, and cultural and spiritual beliefs, are embraced.</p> <p>There were staff who identify as Pacific people and who bring their own skills and expertise. Staff reported at interview that they are guided to deliver safe cultural and spiritual cares to residents through their knowledge and in the care plan.</p> <p>The HSM has links with the Pacific people's community, who recently</p>

<p>and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>provided entertainment at The Russley.</p> <p>A culturally safe care policy and procedure has been developed with input from cultural advisers that documents care requirements for Pacific peoples to ensure culturally appropriate services.</p> <p>There were residents who identified as Pacific people at the time of the audit.</p> <p>Staff reported, and documentation confirmed, that they have attended cultural training.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Generus Living and The Russley Village are aware of their responsibilities under the Code of Health and Disability Services Consumers' Rights (the Code) and have policies and procedures in place to ensure these are respected. Staff interviewed understood the requirements of the Code and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such behaviour. There were no examples of discrimination, coercion, or harassment identified during the audit through staff, resident and whānau interviews, or in documentation reviewed.</p> <p>Residents' property was labelled on admission; residents and whānau reported that residents' property was respected and well cared for. Resident finances are protected, and staff do not handle residents' money.</p> <p>Professional boundaries were maintained by staff.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions in line with the Code. Those interviewed, and where appropriate their whānau, felt empowered to actively participate in decision-making.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Complaint forms and a box are at reception. The Code is available in te reo Māori and English. A review of the complaints register showed that actions taken, through to an agreed resolution, were documented and completed within the timeframes.</p> <p>One complaint had been received since the last audit. The complainant had been informed of findings following investigation. No complaints have been received since the last audit from external sources. Staff reported that they knew what to do should they receive a complaint.</p> <p>The HSM is responsible for complaints management and follow-up.</p> <p>The HSM reported, and documentation evidenced, that a translator identifying as Māori would be available to support people if needed. There have been no complaints received by Māori to date.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>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>FA</p>	<p>The Generus Living Group is governed and led by an engaged and involved director, executive leadership, and management team who assume accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and tāngata whaikaha in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for residents through advice from external Māori advisors.</p> <p>The Russley Village has access to a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>The HSM, who is part of the management team, confirmed knowledge of the sector, and regulatory and reporting requirements, and maintains currency within the field through legal advice, sector communication, training, Te Whatu Ora Waitaha Canterbury, and colleagues.</p> <p>The 2025–2026 business plan was sighted. It includes the vision, mission statement, values and goals. The goals include ensuring fulfilled residents, an engaged team, satisfied shareholders, and a sustainable business.</p> <p>The clinical team, guided by the clinical governance policy and a clinical manager, discuss clinical indicators including medication errors, complaints, compliments, falls and infections. A sample of clinical meeting minutes was sighted.</p> <p>The executive leadership team and the management team demonstrated leadership and commitment to quality and risk management through, for example, the business plan, risk register, improvement of services, reporting processes, and through feedback mechanisms, and purchasing of equipment.</p> <p>The governing body, executive leadership and management team are focused on improving outcomes and achieving equity for Māori and people with disabilities. This is occurring through the accessible building, staff experience in working with people with disabilities, cultural training, cultural engagement with the wider community, timely referrals to external providers to improve service provision, whānau meetings, feedback, and communication with the residents and their whānau.</p>
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		<p>The HSM described how information received, for example prior to discharge from an external provider and outlining resident and whānau needs, is incorporated into care planning. Routines are flexible and can be adjusted to meet the residents' needs.</p> <p>The HSM reported that staff identify and address barriers to equitable service delivery through needs assessments, including cultural assessments, training, and advice from external cultural advisors, as well as HCAs' knowledge of each resident, including their cultural and spiritual needs, likes, and dislikes. The HSM described the team as continually considering what more can be done to ensure residents' needs are met.</p> <p>The service holds contracts with Te Whatu Ora Waitaha Canterbury for age-related residential care (ARRC), rest home level of care, and hospital level of care for up to 52 residents.</p> <p>Forty-three beds were occupied on the day of the audit.</p> <p>The facility provides respite and end-of-life care.</p> <p>Eighteen residents were receiving rest home level of care and twenty-three were receiving hospital level of care, including one resident on an ACC contract, and two residents under the respite contract.</p> <p>Thirty-six beds are care suite beds, and eight two-bedroomed serviced apartments are available in the Ashley Suite building. These are promoted for occupation under a care bond agreement, also known as an Occupation Right Agreement (ORA), or via a deluxe care package.</p> <p>All 52 beds are certified as dual purpose for rest home or hospital level of care.</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>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, satisfaction surveys, monitoring of outcomes, policies and procedures, and clinical incidents including infections and falls.</p> <p>Residents, whānau and staff contribute to quality improvement through</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>meetings and surveys.</p> <p>The last resident survey, in the form of a food and beverage survey, was completed in July 2024, with residents very satisfied with the service delivered. Evidence was sighted of implemented corrective actions being reported back to the residents' meeting in September 2024.</p> <p>The last staff survey, completed during October 2023, evidenced that staff were very satisfied. The next survey is due in October 2025.</p> <p>The HSM is responsible for quality. A sample of quality and risk-related meeting minutes were reviewed. They confirmed that there have been regular reviews and analysis of quality indicators, and that related information is reported and discussed. There have been monthly staff meetings and resident meetings. Topics include health and safety, infection control, falls, nil restraint, complaints, and survey outcomes. A sample of meeting minutes evidenced comprehensive reporting.</p> <p>The CM and HSM reports to the BCM, who reports to the director. A sample report to the BCM was sighted. The BCM felt well informed on progress, quality and risk.</p> <p>Quality improvement initiatives include the food and beverage programme, and a time and motion study relating to staffing.</p> <p>The organisation uses the policies and templates developed by an external quality contractor. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>A sample of completed audits, including medication, infection prevention and control and progress notes, were sighted. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>The HSM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The risk register was sighted. Staff reported at interview that they knew to report risks.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Evidence was</p>
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		<p>sighted that resident-related incidents are being disclosed with the designated next of kin.</p> <p>The HSM understood and has complied with essential notification reporting requirements. Examples were discussed. One Section 31 notification for resident behaviour was forwarded to HealthCERT on 29 May 2024, and one notification was made to the Health Quality &amp; Safety Commission relating to a pressure injury; both notifications were sighted.</p> <p>There have not been any coroner's inquests, or issues-based audits.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents interviewed supported this.</p> <p>At least one staff member on duty has a current first aid certificate and there is 24/7 registered nurse (RN) coverage in the hospital. The CM and staff reported that, if staff are called to the retirement village in an emergency, an HCA attends, or an ambulance is called.</p> <p>An after-hours on-call system is in place, with the CM and HSM providing cover. There are staff who have worked in this care home for between five months and five and a half years.</p> <p>Staff reported that good access to advice is available when needed.</p> <p>The CM described the recruitment process, which includes referee checks, police vetting, and validation of qualifications and practising certificates (APCs) where required.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. HCAs reported that staff hold Levels 2, 3 and 4 New Zealand Qualification Authority (NZQA) education qualifications. This was confirmed in documentation. Related competencies are assessed and support equitable service delivery. A sample of records reviewed demonstrated completion of the required</p>

		<p>training and competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace through, for example, being thanked, cultural events, and celebrations.</p>
<p><b>Subsection 2.4: Health care and support workers</b></p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. Aspects of a sample of six staff records were sighted.</p> <p>The CM described the procedure to ensure professional qualifications are validated prior to employment. Current annual practicing certificates were sighted for the fourteen registered nurses, pharmacist, dietitian, two general practitioners, physiotherapist, and the podiatrist.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. New health care assistants described their orientation. They are initially buddied with an experienced staff member. Completed orientation records were sighted.</p> <p>Staff confirmed that performance is reviewed and discussed during and after orientation, and annually thereafter. Completed reviews were sighted.</p>
<p><b>Subsection 3.2: My pathway to wellbeing</b></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>	FA	<p>The multidisciplinary team at The Russley work in partnership with the resident and whānau to support wellbeing. Five resident files were reviewed: three hospital-level and two rest home-level. A care plan is developed by a registered nurse following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan and review timeframes meet contractual and policy requirements. Staff described supporting Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, and from interviews of clinical staff,</p>

		<p>residents receiving services, and whānau.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and their whānau. Residents and whānau confirmed active involvement in the process.</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>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed.</p> <p>Medicines are stored safely, including controlled drugs. All medications sighted were within current use-by dates. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements and medication reconciliation occurs, as confirmed in the sample of records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The required three-monthly GP review was consistently recorded on the medication chart.</p> <p>Standing orders are not used.</p> <p>Self-administration of medication is facilitated and managed safely. This was verified in the file review and interview with staff and a resident.</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</p>	FA	<p>The menu has been developed in line with recognised nutritional guidelines for people using the services. Each resident has a nutritional assessment on admission to The Russley. Personal food preferences, intolerances, allergies, any special diets, and modified texture requirements are accommodated in the daily meal plan. Residents</p>

<p>traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>requiring assistance had this provided with dignity.</p> <p>Resident satisfaction with meals is monitored through resident surveys and meetings. The service has identified this as an area for improvement, and a quality improvement plan was in place. Resident food meetings are occurring monthly with the manager and executive chef, and changes had been made to the menu based on resident feedback.</p> <p>The service operates with an approved food safety plan and registration.</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>Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Whānau reported being kept well informed during the transfer of their relative. This was confirmed in file review and resident and whānau interviews.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Building, plant and equipment are fit for purpose, inclusive of peoples' cultures, and comply with relevant legislation. The building warrant of fitness expires on 1 December 2025. Equipment tagging and testing is current, as confirmed with the HSM and through observation. Current calibration of biomedical records was sighted.</p> <p>The facility has a lift to the first floor, which is large enough to accommodate a bed if required. The certificate of compliance was sighted.</p> <p>Residents and staff were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC), who is a registered nurse, is responsible for overseeing and implementing the IP programme, which has been developed by those with IP expertise and approved by the governance body. The programme is linked to the quality improvement programme and is reviewed and reported on annually. This was confirmed by the health services manager and review of the programme documentation.</p> <p>Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance includes ethnicity data. Results of the surveillance programme are shared with staff and reported to the governing body.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. This is documented in the restraint policy. The HSM, CM, and staff confirmed commitment to this.</p> <p>At the time of the audit, no residents were using a restraint. The CM reported that a restraint would be used as a last resort when all alternatives have been explored.</p> <p>Orientation and ongoing education included alternative cultural-specific</p>

of restraint in the context of aiming for elimination.		interventions, least restrictive practice, de-escalation techniques, restraint-free and safe practice, and management of challenging behaviours. Staff and documentation confirmed they have received training.
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## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.