

Anne Maree Court Care Limited - Anne Maree Court Rest Home

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 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:	Anne Maree Court Care Limited
Premises audited:	Anne Maree Court Rest Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 21 July 2025 End date: 22 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:	54

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Anne Maree Court is a privately owned facility certified to provide rest home and hospital level of care, and residential disability services, physical for up to 57 residents. There were 54 residents on the day of audit.

The surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora. The audit process included observations; a review of policies and procedures; review of residents' and staff files; and interviews with residents, family members, managers, staff, and a general practitioner.

The manager (non-clinical) is appropriately qualified and experienced. They are supported by a clinical manager and a team of experienced care staff. There are quality systems and processes implemented.

The service has addressed 17 of the previous 18 findings identified during the certification audit in relation to communication; complaints management; reporting to the director; internal audits; analysis of incident reports; meeting minutes; essential notifications; training; job descriptions; orientation documentation; care plan timeframes; interventions; neurological observations; medication fridge temperatures; infection surveillance; resident representation on restraint reviews; and emergency restraint.

An ongoing shortfall remains around registered nurse coverage for some shifts.

This surveillance audit identified no new shortfalls.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

A Māori health plan is documented for the service. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is also in place.

Residents receive services in a manner that considers their dignity, privacy, and independence. Anne Maree Court provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

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.

The service has documented quality and risk management systems that takes a risk-based approach. Quality data is collected and analysed and communicated to the governing body on a monthly basis. Internal audits, and meetings were documented as taking place as scheduled.

The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents.

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.

Registered nurses are responsible for the assessment, development, and evaluation of care plans. There is a process to ensure care plans are individualised and based on the residents' assessed needs and routines.

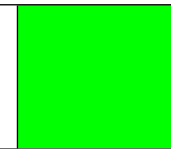
There is a medicine management system in place. All medications are reviewed by the general practitioner every three months. Staff involved in medication administration are assessed as competent to do so. Evidence of completed current medication competencies was sighted.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met. The service has a current food control plan in place. Resident's requests are accommodated.

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.

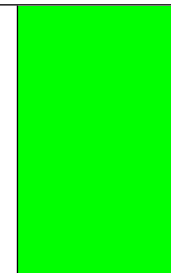


Subsections applicable to this service fully attained.

The facility meets the needs of residents, is clean and maintained. There is a current building warrant of fitness in place. Electrical and equipment requiring calibration has been tested as required. Resident rooms are personalised, and communal facilities are appropriate.

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

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



Subsections applicable to this service fully attained.

The infection prevention and control programme, content and detail is appropriate for the size, complexity, and degree of risk associated with Anne Maree Court. A suite of infection prevention and control policies and procedures guide staff. The infection prevention and control coordinator is a registered nurse.

The infection prevention and control programme is designed to link to the quality and risk management system. The programme has been reviewed annually. Infection prevention and control is an agenda item in the monthly quality and risk meeting. During the audit, the facility was undergoing an outbreak of Covid-19, and this was being effectively managed. A pandemic plan is in place and there is sufficient personal protective equipment available.

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 restraint coordinator is the registered nurse. There are currently three restraints in use in the form of lap belts and bed rails. Staff receive training on orientation and on an ongoing basis on the least restrictive practice and safe use of restraint. Anne Maree Court is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.

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	20	0	0	1	0	0
Criteria	0	54	0	0	1	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>	FA	<p>The Māori health plan and associated cultural policies acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service has residents who identify as Māori. Anne Maree Court is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau. The aim of this plan is equitable health outcomes for Māori residents and their whānau with overall improved health and wellbeing. Te Whare Tapa Rima is the model used for care plans for Māori to address te taha hinengaro (mental wellbeing), te taha tīnana (physical wellbeing), te taha whānau (whānau wellbeing), te taha wairua (spiritual wellbeing) and te taha whenua (wellbeing through connection to the land).</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</p>	FA	<p>A Pacific health plan is in place that focuses on achieving equity and efficient provision of care for Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of Pasifika. The Pacific health plan has been developed by an external consultant. The policy is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. During the audit there were residents</p>

<p>equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>who identify as Pasifika.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The clinical manager or registered nurses discuss aspects of the Code with residents and their family/whānau on admission.</p> <p>Discussions relating to the Code are held during the resident meetings. The three residents interviewed (two rest home level and one younger resident with a disability) and five family/whānau (all hospital level) reported the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</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>An abuse and neglect policy is being implemented. Anne Maree Court policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to acknowledge cultural diversity. Education records show staff have received training on how to value the older person, showing them respect and dignity, and how to recognise and report abuse and neglect. Residents and family/whānau interviewed confirmed that the staff are caring, supportive and respectful.</p> <p>The service implements a process to manage residents' comfort funds, such as sundry expenses. In addition, the service supports younger residents to be independent in managing their finances by providing a safe and secure environment to do this, along with mentorship from external agencies, such as budget advisors.</p> <p>Professional boundaries are defined in job descriptions. Interviews with the management (facility manager, clinical manager), four healthcare assistants (HCAs), a registered nurse and a cook confirmed their understanding of professional boundaries, including the boundaries of their job role and responsibilities. Professional boundaries are covered as</p>

		part of orientation.
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. All communication with family/whānau is documented in the resident's file. Review of 12 incident forms show family/whānau are notified in a timely manner following falls, skin tears and medication errors. Families/whānau interviewed confirmed staff keep them informed of any changes in residents' condition. Criterion 1.6.3 is now fully attained.</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>	FA	<p>There are policies documented around informed consent. The five resident files reviewed included signed general consent forms and other consents, including vaccinations, outings, and photographs. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose.</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</p>	FA	<p>The complaints procedure is provided to residents and family/whānau on entry to the service and is available in te reo Māori. The facility manager is responsible for maintaining the complaints register and evidenced the complaint documentation process. The process includes acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints are managed in accordance with guidelines</p>

<p>and their care and support. 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>set by the Health and Disability Commissioner. There have been four complaints since the last audit, two of which were verbal complaints. The records show all complaints are entered into the complaints register, and the complaints procedure was followed. Interviews with residents and family/whānau confirm staff and management take any concerns or complaints seriously and address them in a timely manner and to their satisfaction. Criterion 1.8.3 is now fully attained.</p> <p>The complaints process is equitable for Māori. The facility manager, clinical manager and registered nurses acknowledged the importance of face-to-face communication with Māori, and the service maintains an open-door policy.</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>Anne Maree Court, located in Northcote, Auckland, provides rest home and hospital level of care, and residential disability services (physical), for up to 57 residents. All 57 beds are certified as dual purpose. On the day of the audit, there were 54 residents: 18 at rest home level of care (including four on long-term support for chronic health conditions, LTS-CHC), 29 hospital level of care (including two on LTS-CHC and one on ACC funding), and seven residents on a younger person with a disability (YPD) contract (three hospital level and four rest home level of care). Aside from the residents on LTS-CHC and ACC funding and YPD contracts, the remaining residents are under the age-related residential care (ARRC) contract.</p> <p>The owner/director (executive governance) is the governing body for Anne Maree Court, trading as Anne Maree Court Care Limited. Anne Maree Court is one of five facilities in the North Island owned and operated by the director. There is a senior management team based at the head office who are available to provide support as required. The director and facility manager have monthly meetings, and the director visits the facility at least twice a month, and is available via email or over the phone as and when required. The facility manager submits a report to the Board each month. Review of the reports from April, May and June 2025 show reports include occupancy; adverse events such as falls; incidents and accidents; infections; residents who are acutely unwell; medication errors; weight monitoring; restraint use; activities; complaints and compliments; health and safety; internal audit results; kitchen; and maintenance issues.</p>

		<p>Criterion 2.1.4 is now fully attained.</p> <p>The mission and values are stated in the business plan. The facility manager was able to describe the company quality goals, organisation philosophy, and strategic plan which reflect a resident and family/whānau centred approach to all services. Key objectives include maintaining 95% occupancy; safety for staff; procurement of equipment; staff education with introduction of an online platform; and staffing levels (to employ a part-time registered nurse and casual staff due to high acuity of residents).</p> <p>The facility manager consults with mana whenua (via staff members) in business planning, organisational policy, and service development to improve outcomes address barriers and achieve equity for Māori. This consultation also assists the organisation to explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha.</p> <p>The governance and leadership structure, including clinical governance, is appropriate to the size and complexity of the service. The facility manager and clinical manager have maintained at least eight hours of professional development activities related to managing a rest home, including aspects covered as part of orientation, which has included cultural safety training.</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>FA</p>	<p>There is a quality and risk management programme for Anne Maree Court. The quality and risk management programme includes performance monitoring through internal audits and through the collection of clinical indicator data, including falls, medication errors, infections, skin integrity/tears, complaints, and restraints.</p> <p>Monthly staff meetings provide an avenue for discussions in relation to (but not limited to): corrective actions; occupancy; incidents and accidents; infections; complaints and compliments; training; equipment; care related issues; staffing; restraint; and internal audit results. Minutes of monthly meetings were sighted for April, May and June 2025. The previous shortfall 2.2.4 has been addressed. Internal audits are being completed as scheduled and any shortfalls identified have a corrective action plan, which is signed off when completed. Resident and staff surveys were completed for 2024 and are in the process of being</p>

		<p>completed for 2025. Any issues identified are communicated to staff during meetings and addressed as a corrective action. The previous shortfalls 2.2.2 and 2.2.3 are now fully attained.</p> <p>Minutes of three-monthly resident meetings for 2025 show residents are introduced to new staff and staffing levels are discussed; the menu is discussed and any menu concerns are raised; laundry and maintenance is discussed; and residents are informed of upcoming activities, improvement and projects; and there is a time for residents to raise any issues. Any concerns raised by residents are entered into the complaints register and followed up and resolved.</p> <p>A health and safety system is implemented. Staff are inducted into health and safety during orientation and on an ongoing basis. The facility manager is the health and safety officer. There is a health and safety committee comprising of four HCAs, a kitchen staff member, and a housekeeper. The committee meets monthly and information relating to health and safety is communicated to all staff in meetings. Staff report incidents, accidents and near miss events on an incident form and this is followed up by the facility manager. Where needed, staff are supported with a safe return to work following an injury. All resident incident data is collated and reported on in all facility meetings. All incident reports reviewed were fully completed and opportunities to minimise future risks were identified and implemented.</p> <p>Discussions with the facility manager and clinical manager reflected their awareness of their requirement to notify relevant authorities in relation to essential notifications. Since the last audit, there have been Section 31 notifications completed as required. No reporting to the Health Quality and Safety Commission have been required. The previous shortfall 2.2.6 has been addressed.</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</p>	<p>PA Moderate</p>	<p>There is a staffing policy, with a staff and contingency shortfall plan which describes rostering requirements. The roster provides sufficient and appropriate cover for the effective delivery of care and support. The service is currently recruiting for a part-time registered nurse and casual staff, as the acuity of residents has increased. Review of the registered nurse roster confirms that there is always one registered nurse rostered</p>

<p>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>each shift, with the clinical manager covering two morning shifts as the registered nurse on duty. There have been Section 31 notifications where there has been unexpected absence of the registered nurse, with no registered nurse on duty. The registered nurses are supported by medication competent level four healthcare assistants.</p> <p>Healthcare assistants reported on interview that staffing is adequate. The roster reviewed for the last two weeks was fully covered or backfilled when staff were absent on short notice. Residents and family/whānau interviewed confirmed their care requirements are attended to in a timely manner.</p> <p>The facility manager, clinical manager, registered nurses, healthcare assistants, and diversional therapist hold current first aid certificates to ensure there is at least one member of staff on duty and on outings at all times with current first aid training. The facility manager and the clinical nurse manager work full-time (Monday to Friday). The registered nurses on shift manage most of the queries and staffing cover. The clinical manager and facility manager provide on-call support out of hours.</p> <p>There is an annual education and training schedule in place. The education and training schedule lists compulsory training which includes cultural awareness training. External training opportunities for care staff include training through Health New Zealand, Waitakere Hospital and Hospice. Review of education records and staff files show staff training is up-to-date as per the schedule. The service has recently introduced an online training platform. Staff receive ongoing training in Enabling good lives and supporting residents with disabilities. Registered nurses receive additional training relevant to the residents, such as nasogastric feeding. All staff are required to complete competency assessments as part of their orientation. Additional registered nurse specific competencies include syringe driver and interRAI assessment competency. Three of the six registered nurses are interRAI trained. Criterion 2.3.4 is now fully attained.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Of the 21 healthcare assistants employed, 17 have completed level three or higher in the NZQA National Certificate in Health and Wellbeing. All healthcare assistants are required to complete competencies at orientation. Annual competencies include restraint, moving and handling, hand hygiene, and cultural competencies. A selection of healthcare assistants complete</p>
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		annual medication administration competencies. A record of completion is maintained and is current.
<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>	FA	<p>Job descriptions are in place for all positions and cover outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Signed job descriptions were sighted in all five staff files reviewed. The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation and updated at prescribed timeframes. Orientation records were also complete and filed in electronic staff files. Criteria 2.4.2 and 2.4.4 are now fully attained.</p> <p>The service maintains copies of current annual practising certificates for all healthcare professionals, including registered nurses, general practitioner, podiatrist, physiotherapist, and pharmacists.</p> <p>Staff who are employed for 12 months or more have an annual appraisal in their staff files. The appraisals included a review of staff performance and goals for the next period, including training opportunities.</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>	FA	<p>Resident files were appropriate for the type of service. Residents entering the service have all relevant initial information recorded into the electronic system within 24 hours of entry. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Electronic resident files are protected from unauthorised access and are password protected. Entries into the electronic system are dated and electronically signed by the relevant HCA or RN, including designation. Paper-based files are scanned into the electronic system which is backed up. The facility manager is the privacy officer and manages requests for health information in accordance with the Privacy Act 2020. The service is not responsible for National Health Index registration.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five resident files were reviewed, including two hospital level (one on ACC funding), two rest home level (one on LTS-CHC), and one resident on a YPD contract. Registered nurses are responsible for assessing residents on admission and on an ongoing basis. All resident files reviewed have evidence of resident, and family/whānau involvement in the assessment and care planning process. Residents interviewed confirmed they are involved in decision making and they have choices about their care. Initial assessments and care plans, interRAI assessments and long-term care plans are developed within the timeframes required by the aged related residential care contact. The previous shortfall 3.2.1 has been addressed.</p> <p>Medical assessments are completed by the contracted general practitioner within the required timeframes. Residents then have a monthly or three-monthly review by the general practitioner as a routine, or if their needs change, they are seen when needed. The general practice provides seven day per week on-call services. A physiotherapist is contracted to attend residents who have a need for physiotherapy care. Residents have access to a visiting podiatrist six-weekly. Staff refer residents to a dietitian where required. Allied health practitioner and general practitioner assessments and interventions are documented and integrated into care plans.</p> <p>Review of resident files shows assessment is comprehensive and utilises the tools embedded in the interRAI system and other validated tools. Where interRAI shows a trigger for a specific need, this is included in care plans. Care plans are comprehensive and holistic and include physical needs, psychological needs, spiritual and social needs, goals and aspirations. Residents who identify as Māori have a Māori care plan that outlines their whakapapa and specific cultural preferences and needs. Where there are risks to the resident such as hypoglycaemia or behaviours of concern, the specific signs and symptoms are listed in the care plan, along with instructions for managing them and reporting to the registered nurse. The previous shortfall 3.2.3 has been addressed.</p> <p>Registered nurses and healthcare assistants described how they involve residents and families/whānau in implementing care plans. Residents and families/whānau interviewed confirmed they feel staff involve them and communicate well with them and in a timely manner. They stated staff are respectful and kind and answer call bells promptly. The general</p>
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	<p>practitioner stated staff are skilled and competent and inform them in a timely manner when there are changes in residents' condition.</p> <p>Healthcare assistants interviewed could describe a verbal handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes and monitoring charts for personal cares document care provided according to the care plan each shift. Registered nurses document at least daily. Healthcare assistants document the cares provided each shift. There is regular documented input from the general practitioner and allied health professionals. There was evidence the registered nurse has added to the progress notes when there was an incident or changes in health status, or to complete regular registered nurse reviews of the care provided. Short-term care plans are developed when there are short-term needs, such as wounds or infections.</p> <p>Care plans are reviewed routinely every six months or more frequently if the needs of residents change. InterRAI assessments are completed before the care plan review so that outcome measurements are utilised to evaluate progress or identify new needs. Families/whānau are invited to either attend for care plan reviews or to email any suggestions if they are unable to attend. Care plan reviews include a review of the residents' goals and aspirations, and if the supports given are helping to achieve these.</p> <p>The registered nurse monitors residents' weight and vital signs according to their needs, which is monthly as a routine, but more frequent when indicated. Neurological observations are completed as per the policy for unwitnessed falls. The previous shortfall 3.2.4 has been addressed. Monitoring charts are completed according to identified needs and include (but are not limited to): bowels; food and fluids; behaviour; blood glucose levels; positioning; personal cares; and falls risk. At the time of the audit there was a total of 35 wounds, including five pressure injuries (one unstageable, three stage II and one stage I). The wounds include bruises, grazes, dermatitis, skin tears, and chronic ulcers. Staff stated they can access the wound nurse specialist when needed and have had training in wound management. Assessments and wound management plans, including wound measurements and photographs, were reviewed. An electronic wound register has been fully maintained. Wound assessment, wound management, evaluation forms, and wound monitoring occurred as planned in the sample of wounds reviewed. Healthcare assistants and</p>
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		<p>registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Policies and procedures for medication management align with current guidelines and legislation. An electronic system is in place for prescribing and documenting administration. A medication round was observed and seen to be safe. Medications are administered by registered nurses and healthcare assistants. All staff administering medications are required to pass an annual competency test and have ongoing training in medicine management.</p> <p>Medications are supplied by a local pharmacy in robotic packs. Staff could describe their responsibilities for receiving medications from the pharmacy, including checking against prescriptions. Expired and unused medications are returned to the pharmacy. Medicines were seen to be stored in locked trolleys, a locked medication room and a controlled medication safe. The registered nurse completes expiry date checks of stored medications weekly and counts the controlled medications weekly as required and six-monthly with the pharmacist. The medication refrigerators and medication room temperatures are monitored daily and are within an acceptable range. Criterion 3.4.1 is now fully attained. Liquid medications and eye drops are labelled with the date of opening.</p> <p>Ten medication charts were reviewed. These meet prescribing requirements and are reviewed at least three-monthly by the general practitioner. Any changes to medications are discussed with residents and families/whānau. All medication charts had photographic identification. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Pro re nata (PRN) medications have the indications documented in the prescription and the effectiveness is documented in the electronic system. There are residents who self-administer their medications. Medications are stored in the medication room and given to the resident when due. Medication competency assessments are completed three-monthly by the registered nurse and general practitioner. There are no standing orders.</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>	FA	<p>Food preferences, dislikes, intolerances, allergies and required food texture is identified on admission and communicated to the cook, who keeps a whiteboard of this information up-to-date and has a folder with all dietary profiles. Alternatives are prepared if menu options do not suit individuals.</p> <p>The food control plan is current till 29 October 2025.</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>Transition, transfer to another facility or hospital, and discharge is a planned process that includes communication with the resident and their family/whānau and communicating and documenting the care needs and potential risks to the other facility. If a resident becomes acutely unwell, the registered nurse can call the general practitioner for advice. If a resident needs urgent transfer to hospital, the ambulance is called and family/whānau informed. Registered nurses described the required documentation required to accompany the resident to hospital and confirmed the family/whānau are notified.</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</p>	FA	<p>There is a current building warrant of fitness in place. There is an annual maintenance plan that includes electrical testing and tagging, resident equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Checking and calibration of medical equipment, hoists and scales, and electrical testing and tagging was completed annually as scheduled. Hot water monitoring records show the hot water at the taps is under 45 degrees Celsius, and when the temperature is found to be above that, corrective action is taken. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for the level of care of</p>

<p>people's sense of belonging, independence, interaction, and function.</p>		<p>residents. There are ample spaces for residents to engage in cultural activities. Residents personalise their rooms with their own belongings and items of significance.</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 programme is appropriate for the size and complexity of the service. The infection prevention and control and AMS programmes are linked to the quality and business plan. The infection prevention and control programme is reviewed in October each year.</p> <p>The infection prevention and control coordinator is responsible for coordinating education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection prevention and control training is included in the mandatory training for all staff. Review of education records show staff have completed an in-service education session on infection control at least annually. The infection prevention and control coordinator has access to an online training system with resources, guidelines and best practice.</p> <p>Educational resources in te reo Māori are accessible and available. All residents are included and participate in infection prevention and control.</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 is an integral part of the infection control programme. The purpose and methodology are described in the infection control policy in use at the facility. The infection prevention and control coordinator (registered nurse) uses the information obtained through surveillance to determine infection control activities, resources and education needs within the service.</p> <p>Infections are entered into the infection register on the electronic resident management system. Monthly infection data is collected for all infections based on standard definitions and this is analysed, benchmarked and evaluated monthly and annually. Trends are identified and analysed and where indicated, corrective actions are implemented. The number of infections occurring each month is tabled at the staff meetings and minutes of meetings are available to staff. Infection control surveillance is</p>

		<p>reported to the director through the monthly reports. Ethnicity data is included in the reporting process of infections. Criterion 5.4.3 is now fully attained.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents. The service receives email notifications and alerts from Health New Zealand for any community concerns. All communications were observed to be culturally appropriate.</p> <p>The facility was dealing with an outbreak of Covid-19 during the audit. This affected ten residents in total, but during the audit, only one resident was still isolating. At the beginning of the outbreak, an in-service education session was delivered to remind staff about hand hygiene, PPE use, and the procedures for management of the outbreak. A daily log of residents with Covid-19 is completed. Resident files have evidence of communication with families/whānau related to the outbreak.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors to the facility.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint approval process is described in the restraint policy and procedures meet the requirements of the restraint minimisation and safe practice standard and provide guidance on the safe use of restraints. A registered nurse is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the clinical manager described the organisation's commitment to restraint elimination and implementation across the organisation. There are three residents using restraint, two using lap belts and one using bed rails. Restraint use is reported to the director in the monthly reports. The restraint committee includes the restraint coordinator, clinical manager, a healthcare assistant, and two family/whānau members with lived experience. Criterion 6.1.2 is now fully attained.</p> <p>Training for all staff occurs at orientation and annually, and records were</p>

		sighted in staff files. This includes a competency assessment.
<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>	FA	<p>The restraint policy includes clear guidelines around the use of emergency restraint. The policy states a full review of each restraint incident will be completed, and the report forwarded to the restraint coordinator and clinical manager for consideration. There has been no use of emergency restraint; however, staff interviewed could describe the process for debrief in the event it was used in future. Criterion 6.2.5 is now fully attained.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>The service is in the process of recruiting for a part-time registered nurse and casual staff; however, there is not always a RN on duty 24/7. When there is no registered nurse on duty, a medication competent healthcare assistant is assigned to lead the shift, with support from an on-call registered nurse and facility manager. There are adequate numbers of HCAs on duty at all times, who report their workloads are manageable.</p>	<p>There have been three occasions in May and June 2025 where there was no registered nurse on duty to meet ARRC contract clause D17.4 a.(i).</p>	<p>Ensure there is a registered nurse on duty at all times to meet the ARRC contractual requirements.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.