

# The Ultimate Care Group Limited - Elmslie House

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	The Ultimate Care Group Limited
<b>Premises audited:</b>	Elmslie House
<b>Services audited:</b>	Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 2 September 2025      End date: 2 September 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	22

# 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.

## General overview of the audit

Elmslie House is one of nine aged care facilities managed by Presbyterian Support Otago. The service is currently certified to provide rest home level of care for up to 31 residents. At the time of the audit there were 22 residents in total.

This provisional audit was undertaken to establish the level of preparedness of a prospective provider to provide a health and disability service and to assess the level of conformity of the current provider prior to the facility being purchased. A certification audit was completed with the service on 8 & 9 July 2025, and the consequent audit report was utilised as part of this provisional audit. The certification audit and concurrent partial provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau, management, staff and a general practitioner.

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

The prospective purchaser Alden-Ultimate Care is an experienced age care provider. Alden – Ultimate Care operates 19 facilities nationwide and maintains a robust governance framework comprising both operational and clinical dimensions. There are established organisational policies and procedures in place which will be implemented at Elmslie House. There are plans in place to transfer resident records from the Presbyterian Support systems to the Alden systems with minimal interruption to day to day running of the facility. Staff training is planned to ensure all staff are confident using Alden systems by the takeover date (6 October 2025).

## **Ō tātou motika | Our rights**

A Māori health plan is documented for the service. The service works to embrace, support and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is also documented. Staff demonstrate an understanding of residents' rights. The staff support residents and family/whānau in a way that is inclusive and respects their identity and their experiences. There is evidence residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected and upheld by the facility manager, clinical manager and staff.

## **Hunga mahi me te hanganga | Workforce and structure**

The strategic and business documents include a mission statement and operational objectives. The quality and risk programme is being implemented at Elmslie House. There is an annual planner/schedule that includes timeframes for the completion of internal audits, meetings and education. Health and safety is appropriately managed to ensure the safety of residents and staff. There are human resource policies, including recruitment, selection, orientation, and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service training programme covering relevant aspects of care and support. Staff complete annual competencies related to their roles. The

organisational staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

There is an admission package available prior to or on entry to the service. The clinical manager and registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes and goals with the resident and family/whānau input. Care plans viewed demonstrated service integration. Resident files included medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned. There is an interesting and varied activity programme, which includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Medication policies reflect legislative requirements and guidelines. Registered nurses and healthcare assistants responsible for administration of medicines have completed annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. Residents' food preferences and dietary requirements are identified at admission and all meals are cooked at a neighbouring facility. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs. The kitchen where the food is prepared and cooked, has a current food control plan.

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

There is a current building warrant of fitness in place. The facility meets the needs of residents and was clean and well-maintained. A preventative maintenance programme is being implemented. Clinical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and are accessible for residents using mobility aids. There is an approved evacuation scheme and fire drills are conducted six-monthly. A staff member is on duty on each shift who holds a current first aid certificate. Staff, residents and family/whānau understood emergency and security arrangements. Hazards are identified with appropriate interventions implemented. Security is maintained.

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

The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at organisational level. Antimicrobial stewardship is monitored. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Cleaning and laundry services are provided. Chemicals are stored appropriately.

## **Here taratahi | Restraint and seclusion**

The restraint coordinator is the clinical manager. The service is committed to a restraint-free environment. There are currently no residents using restraints. Restraint minimisation training is included at orientation and as part of the annual mandatory training plan. The service considers least restrictive practices, implement diversion, de-escalation techniques and alternative interventions, and would only use approved restraint as the last resort.

## Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	22	0	3	2	0	0
Criteria	0	160	0	5	3	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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan and associated best practice cultural policies are documented and available to staff. Te Tiriti o Waitangi is central to the identity of Presbyterian Support Otago (PSO) and their commitment to partnership. The organisation seeks to honour and give effect to the principles of partnership, protection and participation and seek to work with their iwi, Ngāi Tahu mana whenua. Presbyterian Support Otago acknowledges and is committed to providing services in a culturally appropriate manner and to ensure that the integrity of each person's culture is acknowledged, respected and maintained. At the time of the audit there were residents who identified as Māori.</p> <p>The strategic plan includes strategies outlining how the organisation evidences the implementation of Te Tiriti o Waitangi through all levels of service. Presbyterian Support Otago has affiliations with nine local iwi. The organisation seeks input from stakeholders to ensure culturally safe service provision. There is regular engagement and whakawhanaungatanga between Ngāi Tahu and PSO.</p> <p>As part of staff training, Te Whare Tapa Wha Māori Model of Health, the importance of Te Tiriti o Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents, are covered. Elements of this are woven through other</p>

		<p>training as appropriate. The Enliven philosophy and approach means each person's cultural needs are considered individually. There were staff who identified as Māori at Elmslie House; however, there are staff members employed throughout the organisation in a variety of roles.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>There is a comprehensive Pacific health plan developed by the organisation in consultation with Pacific advisors from Health New Zealand. The plan focuses on achieving equity and efficient provision of care for Pasifika and is based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in several different languages according to individual resident need.</p> <p>At the time of the audit there were no staff or residents who identified as Pasifika. The acting facility manager described how they would support applicants who identify as Pasifika through the employment process. Presbyterian Support Otago has several staff from a variety of cultures, as the need to make linkages is identified, and relevant staff are consulted to assist with identifying the appropriate linkages in the community. The organisation actively recruits for representation from Pacific peoples at a governance level.</p> <p>Presbyterian Support Otago have linkages with Pasifika in the local community. All residents have their personal preferences and cultural needs identified on admission in the 'getting to know me' assessment. Family/whānau are routinely invited to be included in the care planning process.</p>
<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</p>	<p>FA</p>	<p>The Code is displayed in multiple locations in English and te reo Māori. This is also available in a variety of different languages as required. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The clinical manager discusses aspects of the Code with residents and their family/whānau on admission to the service. Discussions relating to</p>

<p>a way that upholds their rights and complies with legal requirements.</p>		<p>the Code are also held during the resident meetings. Five residents and three family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available to residents. There are links to spiritual supports. Church services are held regularly.</p> <p>Staff receive education in relation to the Code at orientation and through the education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews and in policy and this is reinforced through the education sessions held. Māori mana motuhake is acknowledged and supported through the Enliven philosophy of care. Interviews with staff (one registered nurse, five healthcare assistants (HCAs), one activities coordinator, one housekeeper, one kitchen assistant and one maintenance person) described how they uphold the Code of Rights in relation to their role.</p> <p>Provisional Audit:</p> <p>Alden maintains policies and procedures that are fully aligned with the Ngā Paerewa Standards. The organisation is committed to providing an environment that upholds residents' rights and ensures safe care. All staff members receive comprehensive training on resident rights and culturally responsive care. The dignity, privacy, and independence of every resident are always respected. The regional manager interviewed is aware of the organisations responsibility to uphold residents rights.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their</p>	<p>FA</p>	<p>The Enliven Philosophy training ensures the support of person-centred care, the values and beliefs of individual residents and staff. Residents interviewed stated they have choice. Residents reported they make decisions about whether they would like family/whānau members to be involved in their care and other forms of support. Residents are supported and encouraged to have control over all</p>

<p>experiences.</p>		<p>aspects of their lives and are involved in care planning. It was observed residents are treated with dignity and respect. Resident and family/whānau satisfaction surveys completed in 2024 evidenced 100% of residents felt their privacy was respected. This was also confirmed during interviews with residents and family/whānau. A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents.</p> <p>Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. A spirituality policy is in place. The organisation has changed terminology in the quality plan, Māori health plan, policies, training resources, and wording in internal audits, to common te reo Māori words and phrases. Presbyterian Support Otago as an organisation are steadily weaving te ao Māori into all aspects of service delivery. Te Tiriti o Waitangi and tikanga Māori is encompassed through the Enliven philosophy training and online training sessions. Te ao Māori is incorporated into activities planning and delivery.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The education plan includes abuse and neglect prevention sessions. Staff interviewed could describe signs and symptoms of abuse and neglect and they would report any such concerns to the registered nurses or clinical manager. Organisational policies prevent any form of discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of all ethnicities, and cultural days celebrate diversity. The PSO code of conduct is discussed with staff during their induction to the service, that addresses harassment, racism and bullying. Staff are educated on how to value the older person showing them respect and dignity. Satisfaction surveys evidenced residents felt they contributed to the service and felt safe and secure. The residents and family/whānau interviewed confirmed staff are very</p>

		<p>caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation and through professional responsibility sessions held as part of the ongoing education plan. A strengths-based and holistic model is prioritised through the Enliven philosophy encompassing respect - whakautu, relationships - whanaungatanga, security - whakahaumarua, choice - kowiri, contribution - whai wahi and activity ngā mahi te rēhia. There is a focus on promoting and supporting all residents to be as independent as they can be.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information about Elmslie House is provided in a comprehensive admission pack to residents and family/whānau on admission, as confirmed at interviews with residents and family/whānau. Monthly resident meetings identify feedback from residents and consequent follow up by the clinical manager. There are policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any adverse event that occurs. All correspondence with family/whānau and members of the multidisciplinary team is recorded in the residents' electronic file. The accident/incident forms reviewed identified family/whānau are kept informed, and where residents have declined family notification, this is documented. Family/whānau interviewed stated that they are kept informed when their family member's health status changes, or if there has been an adverse event. Family/whānau also reported they feel they are updated on what is happening around the facility.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, all residents spoke English. On interview, staff provided examples of strategies they could utilise, if a resident were to join the service that did not speak English. Non-subsidised residents are advised in</p>

		<p>writing of their eligibility and the process to become a subsidised resident, should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The clinical manager or registered nurses engage with other health professionals that are involved with the resident, such as the hospice, and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team. The registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Informed consent processes were discussed with residents and families/whānau on admission. Five electronic resident files were reviewed with signed general consents sighted for outings and photographs as part of the admission process. Specific consents had been signed by resident and families/whānau for procedures such as influenza and Covid-19 vaccines and boosters. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain consent for entering rooms and supporting with personal care. The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of families/whānau in decision-making, where the person receiving services wants them to be involved.</p> <p>There is documented guidance on advance directives. Advance directives and shared goals of care for health care, including resuscitation status, had been completed by residents deemed to be competent. There was documented evidence of discussion with the EPOA. Discussion with families/whānau identified that the service actively involves them in decisions that affect their relative's lives. Discussions with the HCAs and registered nurses confirmed that staff understand the importance of obtaining informed consent when providing personal care and accessing residents' rooms. Training has been provided to staff around Code of Rights, informed consent and EPOAs. The service follows relevant best practice tikanga guidelines, by incorporating and considering the residents' cultural identity when</p>

		planning care, as evidenced in the residents` files reviewed.
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The PSO complaints procedure is provided to residents and family/whānau on entry to the service. Complaint forms are easily accessible, with advocacy services information provided at admission and as part of the complaint resolution process. Residents have a variety of avenues they can choose from to make a complaint or express a concern. The acting facility manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Health and Disability Commissioner (HDC). The acting facility manager maintains a record of complaints, both verbal and written. There have been no complaints (including external complaints) since the last audit.</p> <p>Residents and family/whānau reported the management team are always available and are responsive to any query before the issue escalates to a complaint. The acting facility manager described the complaint process during interviews. The management team maintain an open-door policy. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The acting facility manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include family/whānau participation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>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>	FA	<p>Elmslie House is part of the PSO Enliven organisation. Elmslie House provides rest home level of care for up to 31 residents. On the day of the audit there were 22 residents, including one hospital level resident. All residents were on the age-related residential care (ARRC) contract. There were no double/shared rooms or married couples at the time of the audit.</p> <p>Elmslie House is one of nine aged residential care homes in Otago. The organisation is governed by a Board of eight representatives and</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>has a constitution to have up to 12, who meet on a monthly basis. The Board are currently recruiting new members. Every Board meeting has a strategy review session built into the agenda where there is an item of strategic importance discussed. The strategic plan is set for a three-to-five-year period, with annual reviews and a roadmap for operationalisation. All Board members complete an orientation as per policy. There is a wide range of skills and expertise on the Board, including a minister from the Presbyterian Church. There are two sub-committees (finance, audit and risk committee, and the clinical governance advisory group). Each Board member is required to be a member of one of these sub-committees based on their expertise. Reports from these sub-committees are discussed at the Board at the monthly meeting.</p> <p>Reports from the facility managers are collated and reported through the clinical governance committee to the Board. The clinical governance advisory group (CGAG) has a wide range of expertise, including (but not limited to) the chief executive officer (CEO), the Enliven general manager, PSO quality advisor, PSO clinical nurse advisor, designated residential manager (annual rotating position), and designated PSO senior nurse (annual rotating position). The CGAG meet bimonthly and start with a karakia. All aspects of quality are discussed, including (but not limited to) benchmarking; new initiatives; external complaints; certification; policy development and review; and staffing. Meetings are minuted and reported to the Board, managers meetings and the wider staff through facility meetings. All quality data includes ethnicity which is used to improve services and outcomes for residents.</p> <p>There is a documented 2022-2025 strategic plan, which informs the quality plan and includes the organisation’s vision, mission, and values. The strategic plan has been reviewed annually, and the new 2025-2028 plan is in the final draft stages. The annual business plan links to the overall strategic plan and links to the quality plan. A business plan for each facility is created annually with quarterly reviews and annual reporting to the Board on outcomes. The quality plan (2024-2025) states that “As part of our strategic plan, PSO has embarked on a journey to fully embrace Te Tiriti o Waitangi and it’s principles into all aspects of our organisation and the services we provide”. The quality plan is comprehensive and encompasses all</p>
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	<p>areas of PSO services. The quality plan includes organisational leadership and management, health, safety and risk, quality improvement, restraint, infection control, staffing, and development. Each facility has site specific annual goals.</p> <p>The organisation is incorporating te reo Māori words and phrases into all organisational documents. There is a well-documented Māori health plan in place. Board members can demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. A process to identify and address barriers for Māori for equitable service delivery is ongoing, with additional expertise sought from Māori. There is Māori representation on the Board. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and resident meetings. The CGAG committee and Board review this feedback to identify barriers to care and improve outcomes for all residents. Input from stakeholders is available as required.</p> <p>The acting facility manager has considerable experience in the aged care industry. The acting facility manager is supported by a clinical manager (who has been in the role for one year), PSO clinical nurse advisor, PSO quality advisor (who was present at the time of the audit) and a team of experienced clinical and non-clinical staff. The acting facility manager and clinical manager have attended a minimum of eight hours per year of education and training relating to managing an aged care facility.</p> <p>Partial Provisional:</p> <p>The partial provisional audit was undertaken to assess the service as suitable to provide 31 hospital and rest home level of care (dual purpose) beds. This partial provisional audit included reviewing staffing plans; policies/procedures; sighting the environment, service areas and clinical areas; and interviews with staff and management. The service has previously been certified to provide care for residents at rest home and hospital (medical and geriatric) services. A transition plan is in place. There is no set date for hospital services to resume.</p> <p>Provisional Audit:</p> <p>Alden operates 19 facilities and nine villages nationwide and maintains a robust governance framework comprising both operational and clinical dimensions. All aspects related to resident</p>
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		<p>care, incidents, and concerns are addressed by the national clinical governance group, which includes the head of clinical, chief operating officer, CEO, registered nurses, as well as quality and compliance and regional managers. Matters discussed by this group are subsequently escalated to the board.</p> <p>Alden is collaborating with PSO to recruit candidates for management positions at Elmslie House. The existing southern regional manager will be responsible for supervising the daily operations of the facility. There is a full transition plan in place for Elmslie House and communication has already commenced with Health NZ and HealthCERT.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>The quality and risk programme is being implemented at Elmslie House. An annual planner/schedule is implemented that includes timeframes for the completion of internal audits, meetings and education. Internal audits are completed as per the internal audit schedule; however, not all corrective actions were being completed. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to HDSS:2021. A document control system is in place. Policies are regularly reviewed and include words in te reo Māori. There are a range of meetings held within the facility including (but not limited to) monthly quality wellbeing, bimonthly health and safety, and six-monthly staff and clinical forum meetings. Any matters outstanding from previous meetings are addressed and closed off.</p> <p>Meetings include the Enliven Philosophy, which includes a principle for the month. The Enliven Philosophy is person centred and promotes health equity, providing excellent high quality individualised services for all residents. Quality data is collated for all key performance indicators (KPI). Data includes ethnicity and is analysed and benchmarked between PSO, national Presbyterian Support Services, and aged care providers nationally. Benchmarking data is reported at all meetings and reported to the Board through the CGAG meetings. The results of the quality data is used to improve health outcomes for residents. As an organisation, PSO benchmarking</p>

	<p>results evidence the organisation is consistently below benchmark for all KPIs. A resident and family/whānau satisfaction survey is conducted annually. Survey results evidence that residents and family/whānau are overall either very satisfied or satisfied with the service. Cultural training is held to ensure a high standard of care is delivered.</p> <p>Health and safety policies are implemented and monitored by the health and safety committee. Health and safety is included in the quality wellbeing meeting. The health and safety committee are supported by the PSO health and safety advisor. Elmslie House health and safety objectives includes promoting positivity in the workplace, knowing who the health and safety representatives are, supporting each other, and valuing staff input. Staff noticeboards keep staff informed on health and safety. Hazard identification forms and an up-to-date hazard register were sighted. Staff and external contractors are orientated to the health and safety programme. All staff incidents are entered into the electronic system, where reports are collated and reported through the central health and safety meeting, CGAG and to the Board. All resident incidents, accidents and near misses are entered onto the electronic resident management system.</p> <p>Discussions with the management team evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 notification reporting has been completed as required. There have been no Severity Assessment Code (SAC) requirements reported to the Health Quality and Safety Commission. There have been no outbreaks reported since the last audit.</p> <p>Provisional Audit:</p> <p>Alden has a quality and risk management system which will be implemented at Elmslie House. The monitoring programme is intended to assess both contractual and standard compliance, as well as service delivery at the facility. A quality risk management plan will be developed for Elmslie House. The regional manager (Alden) is working alongside a clinical coach and RN who will roll out the Alden electronic resident management system and provide training with staff. Quality data (including ethnicity) will be extracted from the resident management system. Quality data will be collated and</p>
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		<p>reported on at facility meetings and at senior management levels line with organisational policy and procedure. Alden benchmarks quality data. The regional manager is aware of essential notification requirements. Alden have robust health and safety systems in place.</p> <p>Alden's policies and procedures follow current best practices and support both rest home and hospital care. Policies are reviewed at least every two years, updated as needed, and implemented. New policies are discussed at monthly staff meetings with relevant training provided. The regional manager plans to complete internal audits to ensure there are no gaps in service delivery during the transition period.</p> <p>Alden will be introducing more devices for staff to write progress notes throughout the facility where they are visible and accessible to residents to align with organisational practices.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.  Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.  As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>The staff roster provides sufficient and appropriate coverage for the effective delivery of care and support for rest home level of care. The acting facility manager works full time from Monday to Friday, and the clinical manager works part time between Monday to Friday. The clinical manager shares the on call 24/7 responsibilities with one of the registered nurses. The clinical manager and registered nurse live close to the facility and can be at the facility within a short timeframe to assist staff with any clinical issues. Interviews with staff confirm overall staffing is adequate to meet the needs of the residents. Casual staff are available to help fill gaps in the roster when needed. Good teamwork amongst staff was highlighted during the HCA interviews. Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents and family/whānau interviewed. Residents and family/whānau interviewed reported there are adequate staff numbers to attend to residents.</p> <p>An annual education and training schedule is in place. The education and training schedule lists all mandatory topics and competencies. Staff are provided with opportunities to attend in-services. Presbyterian Support Otago has adopted an online training platform,</p>

	<p>which provides a wide range of training sessions for staff. The education plan includes all compulsory training sessions and annual competencies staff complete on an annual basis. Records of attendance and completion of online training are maintained. The Enliven Philosophy education sessions cover key aspects of all cultures and relates that back to all areas of service delivery. Cultural training includes te reo Māori, tikanga Māori, education on racism, and reflection on individual bias and how these impact working practices. Learning opportunities are created that encourage collecting and sharing of high-quality Māori health information.</p> <p>Staff are encouraged and supported to achieve New Zealand Qualification Authority (NZQA) qualifications through Careerforce. Currently there are seven HCAs who have achieved level 4 or 3 NZQA qualifications. There are six registered nurses (including the acting facility manager and clinical manager); three of the registered nurses are interRAI trained. The registered nurses are supported to attend external education sessions held through Hospice Otago and Health New Zealand. Staff wellness is considered during development of rosters and monitoring of extra shifts worked and is a focus in the quality goals and health and safety meetings. There is access to the Employment Assistance Programme (EAP). The staff interviewed reported they felt supported by the management team and reported a culture of teamwork and helping each other out.</p> <p>Partial provisional:</p> <p>There is a staffing policy that describes rostering and safe staffing ratios. The current staff is not sufficient to provide adequate registered nurse coverage to meet contractual requirements to provide hospital level of care. The proposed staff roster reflects 24/7 registered nurse coverage. Presbyterian Support Otago has adopted an online training platform which provides a range of training sessions for staff relating to hospital level of care.</p> <p>Provisional Audit:</p> <p>The Alden organisational staffing policy outlines the requirements for rostering, detailing acuity considerations and clinical staffing ratios in accordance with established guidelines. There are no planned changes to the existing staff. Alden plan to recruit more RNs and</p>
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		<p>HCA's to provide hospital level care. Staffing arrangements will be adapted to accommodate the evolving needs of residents. Rosters will be regularly evaluated to ensure adequate coverage for the provision of care. The facility manager and clinical manager are present full-time, Monday through Friday, while clinical and operational support is available seven days a week after hours. A registered nurse will be assigned to each of the three shifts. Vacant shifts will be filled by part-time staff working additional hours or through the utilisation of a small pool of casual employees. In the event of absence of either the facility manager or clinical manager, coverage will be coordinated by the regional manager in conjunction with the head office team. Alden plan to implement the two-year education plan they have in place which covers all required training sessions and competencies. Alden support staff to achieve NZQA qualifications, and support RNs to maintain education requirements. An organisational staff wellness programme will be implemented at Elmslie House.</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>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are held electronically and are password protected. Six staff files reviewed evidenced implementation of the recruitment process. All roles had job descriptions and role specific orientation packages. All letters of offer contain the employment agreement, job description and code of conduct, which were evidenced as being signed by the clinical manager and the employee. All staff who have been employed for more than 12 months have annual appraisals completed as scheduled. Staff ethnicity data is collected and reported as required.</p> <p>A register of practising certificates is maintained for all health professionals. The service has a role-specific orientation programme in place, providing new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation and are repeated annually. There was evidence of staff feedback and discussions held around staff queries and concerns in the meeting minutes reviewed. Staff interviewed felt supported and stated the clinical manager is approachable and were</p>

		<p>aware of the employee assistance programme.</p> <p>Partial Provisional:</p> <p>Current employment practices are being implemented for those who will be working with hospital level care residents.</p> <p>Provisional Audit:</p> <p>Alden have comprehensive recruitment policies and procedures in place which will be implemented at Elmslie House. The human resources team manage vetting and shortlisting. The selected applicants are interviewed in site where reference checks and police checks are undertaken prior to offering employment. All staff are orientated to their role and complete the required education and competencies during the induction period. The Alden organisation have robust appraisal processes which will be implemented at Elmslie House. There are organisational policies in place around the collation and storage of staff information. There are policies documented to ensure staff have the opportunity for debrief following significant events.</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>All resident records are held securely in the electronic resident management system which is password protected. Each staff role has limited access to information on the electronic system. Staff no longer working within the organisation have their passwords, logins and access to electronic and online systems disabled. Payroll ensure the staff member has been removed from generic PSO systems. All paper-based records are archived and stored securely for 10 years. Electronic systems are backed up regularly and the medication electronic system has battery back up in the event of emergencies. The service is not responsible for the registration of National Health Index numbers.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose</p>	FA	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information</p>

<p>the most appropriate service provider to meet my needs.  Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.  As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>packs are provided for families/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Assessment confirming the appropriate level of care and needs assessment authorisation is held on the resident's file. Admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The acting facility manager is available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process, and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. The facility has established links with local iwi who can provide cultural advice and training for staff. The service has links in place that ensures support for Māori and whānau through the admission process. The service has information available for Māori, in English and in te reo Māori. The facility is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and employment opportunities.</p>
<p>Subsection 3.2: My pathway to wellbeing  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.  Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and</p>	<p>PA  Moderate</p>	<p>Five files were reviewed for this audit inclusive of one hospital level resident. The registered nurses are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meetings, where the long-term care plans are reviewed. This is documented in</p>

<p>whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>the progress notes and resident records.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. A Māori health plan and cultural awareness policy is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>All residents require the collection of admission assessment information and an initial care plan completed at time of admission; however, this was not always completed as scheduled. Initial interRAI assessments, reassessments and long-term care plans were not consistently completed within required timeframes. The long-term care plan includes interventions to guide care delivery; however, were not always reflective of assessed needs. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed and updated as resident's condition changed. Evaluations reviewed documented progress against the set goals; however, were not always completed in conjunction with interRAI assessments or within required timeframes. Short-term care plans for infections and wounds were well utilised; however, did not consistently evidence timely reviews, transfer to the long-term care plan, or closure in a timely manner.</p> <p>General practitioners (GP) are contracted from two local practice; however, documentation did not consistently evidence residents are assessed within five working days of admission. The GP (interviewed) reviews each resident at least three-monthly and is involved in the six-monthly resident, family/whānau reviews (multi-disciplinary meetings). Residents can retain their own GP if they choose to. The GP practice provides on-call service for after hours until 11.00pm. After this time, there is a nurse led on-call service supported by Dunstan Hospital. Registered nurses from a nearby sister facility are on call 24/7 and available for telephone consultation when required. The acting facility manager and/or clinical manager are also available for clinical advice and decision making after hours. If required, an ambulance is called to assess falls or changes in health. When interviewed, the GP expressed confidence in the nurse's clinical decisions and was satisfied with the care and quality of nursing staff</p>
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	<p>at Elmslie House. The GP advised the quality of referrals received during business and after hours was appropriate. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has a physio for a total of six hours a week, shared by two contracted physiotherapists. A podiatrist visits six to eight-weekly. The speech language therapist, dietitian, occupational health therapist, continence advisor, hospice specialists, and wound care specialist nurse are available as required.</p> <p>Healthcare assistants and RNs interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written each shift by HCAs; however, RN entries are inconsistent and do not meet policy timeframes. Progress notes included any incidents, GP visits, and changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family members confirmed the same regarding their family/whānau. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes, and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>The wound register was reviewed and identified two residents with eight current surgical wounds. All wounds had wound assessments, wound management plans and documented evaluations, including photographs to show healing progression; however, not all wounds had individual management plans documented. The HCAs and RNs interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and RNs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; and blood glucose levels. Monitoring was implemented as scheduled in all residents' files reviewed. Neurological observations are completed for unwitnessed falls and suspected head injuries; however, have not been completed</p>
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		according to policy.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.  Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.  As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>There is one activities coordinator who provides activities from Monday to Friday. The programme is supported by the HCAs, church groups and a group of 18 volunteers, who provide additional support accompanying van outings, individual walks, one on one discussions, and assist with group activities. Volunteers are orientated to the service and complete associated confidentiality documentation. The activities coordinator has a current first aid certificate.</p> <p>The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. The programme is flexible to allow for changes in weather and impromptu activities. The weekly programme is delivered to each resident and placed in large print on noticeboards in all areas. The activity coordinator facilitates opportunities to participate in te reo Māori, incorporating Māori language in entertainment and singing, craft, participation in Māori language week and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities, have one-on-one visits and activities such as one-on-one discussions, manicures and hand massage. Students from the local high school and a volunteer assist with technology-based activities. Activities are provided in the large lounge which is adjacent to the dining area. There are other smaller areas where residents and family/whānau can watch TV, access newspapers, jigsaws puzzles, and specific resources.</p> <p>A resident's lifestyle profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly as part of the long-term care plan review. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment and outings. Activities include (but are not limited to) exercises; newspaper reading; music and movement; crafts; games;</p>

		<p>quizzes; entertainers; pet therapy; board gaming; hand pampering; happy hour and cooking. There are weekly van drives for outings, regular entertainers visiting, and interdenominational services.</p> <p>There are monthly resident meetings. Family/whānau are welcome to attend these. Residents can provide an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful, engaging and that they appreciate having opportunities to have input into the programme.</p> <p>Provisional Audit:</p> <p>The Alden national activities group will be introduced at Elmslie House.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There is a medication management policy that meets safe medication practice. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses complete syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and HCAs interviewed could describe their role regarding medication administration. Elmslie House uses an electronic medication system, with all regular use and pro re nata (PRN) medications provided in individual blister packs. All medications are required by policy to be checked on delivery against the medication chart by a registered nurse, and any discrepancies are fed back to the supplying pharmacy. On interview, the RN advised all medications, including four-weekly blister packs and medication changes, are checked in by an HCA.</p> <p>Medications were securely stored in the treatment room. Medication trolleys were always locked when not in use. The medication fridge and medication room temperatures are monitored daily. The medication fridge temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have</p>

	<p>been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use, are prescribed by the GP and charted on the electronic medication chart. The six-monthly controlled drug physical check and reconciliation has not been completed as per schedule.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has photo identification and allergy status identified. There were no residents self-administering medications on the days of audit. PSO has the necessary policies and procedures in place in relation to self-administration of medication. PRN medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication competent HCAs or RNs sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The RNs and clinical manager described the process to work in partnership with residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required. The clinical manager described how they work in partnership with residents to understand and access medications when required.</p> <p>Partial provisional:</p> <p>The existing medication system and treatment room meet the requirements of hospital level care residents.</p> <p>Provisional Audit:</p> <p>The PSO medication system is the same as what is in place at Alden. There will be no significant changes for staff other than a change of log-in. Alden has plans in place to change the agreement from PSO</p>
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		to Alden.
<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>All meals are all prepared and cooked off site at a sister facility and transported in hot boxes and dished from a bain-marie. The kitchen was observed to be clean, well-organised and well equipped. The sister facility has a current approved food control plan, expiring March 2026. The four-weekly seasonal menu has been reviewed by a dietitian. The kitchen assistant works Monday to Friday and HCAs are responsible for breakfast, morning and afternoon tea, and serving of meals over weekends. All staff who work in the kitchen have completed safe food handling.</p> <p>There is a food services manual available in the kitchen. The food service manager at the sister facility receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The kitchen assistant (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Residents’ profiles (sighted) provided evidence of recent review. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. Staff interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff.</p> <p>The kitchen team use paper-based system for all recordings at PSO Elmslie House. This includes cleaning schedules, and fridge/freezer temperature monitoring. The kitchen assistant service manager can see at a glance where tasks are overdue, or where there is an anomaly with any aspect of the kitchen. Food temperatures are checked at different stages of the preparation process. All temperature recordings viewed were within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Residents who don’t wish to have their meals in the communal dining areas, can have their meals in their bedrooms. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as</p>

		<p>required.</p> <p>The residents and family/whānau interviewed were happy with breakfast and morning and afternoon tea; however, raised opportunities for improvement with some dinner and tea meals. Management are aware of concerns and are working with their sister facility to improve the food service. Residents can offer feedback at the resident meetings and through resident surveys.</p> <p>Partial provisional:</p> <p>The acting facility manager stated the requested configurations in beds will not have any effect of the food services. All food will continue to be provided from an external provider. The existing dining room has sufficient space to accommodate and manoeuvre mobility equipment and wheelchairs safely. There are sufficient stock of appropriate cutlery, glassware, and drinking cups. The food services is verified to be suitable for the increase in meal provision for hospital level residents. The menu is developed at an organisation level to accommodate all PSO facilities, including those with hospital residents.</p> <p>Provisional Audit:</p> <p>Alden have plans to reinstate food services at Elmslie House and have all meals prepared and cooked onsite. There are plans in place to recruit kitchen staff. Alden have an organisational seasonal menu which is reviewed regularly by a dietitian, which will be implemented at Elmslie House.</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.</p>	<p>FA</p>	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The registered nurses explained the transfer between services includes a comprehensive</p>

<p>We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>The building has a current warrant of fitness that expires on 1 July 2026. The planned monthly maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales, hoists and clinical equipment. Medical equipment checks and calibration of clinical equipment was completed in November 2024, and the testing and tagging of electrical equipment was completed in May 2025. Registered nurses and HCAs interviewed stated they have adequate equipment to safely deliver care. The hot water temperatures are scheduled to be checked monthly; however, there were no corrective actions completed for any temperatures above the required threshold. The maintenance person works part time, eight hours per week and ensures maintenance requests are addressed. There is a maintenance book for staff to communicate with maintenance staff issues and areas that require attention. Maintenance and repairs are completed within a reasonable timeframe.</p> <p>Corridors within each wing are of sufficient size to allow residents to pass each other safely. There is sufficient space to allow the safe use of mobility equipment. Safety rails are appropriately located. There are outdoor areas with seating, tables and shaded areas that are easily accessible. External seating areas, pathways, seating and grounds appear well maintained. The facility has no double/shared rooms. There are a mix of rooms with ensuites and bathrooms. The shared bathrooms have locks fitted which identifies 'vacant' or 'occupied.' Further resident toilet facilities are available near the lounge and dining area. Resident rooms have hand-washing facilities with soap dispensers and paper towels. Residents are encouraged to personalise their rooms. Staff shower and toilet and visitor toilets are also provided. Residents' rooms are of an adequate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Transfer of residents between rooms can occur in resident's beds and equipment can be transferred between rooms.</p> <p>Mobility aids can be managed in communal toilets and showers.</p>

		<p>Residents and family/whānau confirm satisfaction with their rooms. The service has a large communal dining room and a large lounge. There are smaller seating areas around the facility for residents and family/whānau. Furniture in all areas is arranged in a very homely manner and allows residents to freely mobilise. Activities can occur in the lounges, and dining room and this was confirmed by staff and residents interviewed. There is underfloor heating throughout the facility, as well as a heat pump and log fire in the lounge area. Individual room temperatures can be adjusted. General living areas and resident rooms are appropriately heated and ventilated. There is underfloor heating throughout the facility, as well as a heat pump and log fire in the lounge area. Individual room temperatures can be adjusted. Residents have access to natural light in their rooms and there is adequate external light in communal areas. Resident smoking is only permitted in designated areas.</p> <p>There are organisational processes which include consultation with Māori, should there be any major refurbishments or building projects planned in the future.</p> <p>Partial provisional:</p> <p>There are no expected changes to the environment with the transition from rest home beds to dual purpose beds. There is sufficient existing equipment, including seated scales, hoists, commodes, air pressure relieving mattress, and shower chairs. All residents' rooms were of an appropriate size for hospital level of care to be provided and for the safe use and manoeuvring of mobility aids, including hoists. There is adequate storage room for additional products and equipment. All communal and outdoor areas are easily accessible for residents using mobility aids.</p> <p>Provisional Audit:</p> <p>Alden have no plans for major refurbishments or immediate changes to the facility or environment. The Alden maintenance plan will be adapted to the needs of Elmslie House and implemented.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service</p>	<p>FA</p>	<p>The emergency management plan outlines the specific emergency response and evacuation requirements, as well as the duties and responsibilities of staff in the event of an emergency. Emergency</p>

<p>provider will ensure I am safe.  Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.  As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. A fire evacuation scheme is in place and was approved by the New Zealand Fire Service on 27 August 2001. Fire evacuation drills are conducted every six months, and these are added to the training programme. The latest fire evacuation drill was last completed on 7 May 2025. The staff orientation programme includes fire and security training. Fire exit doors were clearly labelled and free from clutter. All required fire equipment is checked within the required timeframes by an external contractor. The facility is well prepared for civil emergencies, with civil defence supplies (checked monthly) and sufficient storage of emergency water, including a water tank (1,000 litres) and bottled water (120 litres) on site, which is adequate supply for three litres per resident, per day for three days.</p> <p>There is a BBQ and portable gas burner (three element) available for alternative cooking. Emergency food supplies sufficient for at least seven days are kept in the kitchen and storage cupboard. There is a portable small generator on site to run essential services. Emergency lighting is available and is regularly tested. The clinical manager, registered nurses, and senior HCAs are all first aid trained, ensuring there is a first aid trained staff member on duty 24/7. The service has a call bell system in place that is used by the residents, family/whānau and staff members to summon assistance. All residents have access to a call bell, and these are checked regularly by the maintenance person. Residents and family/whānau confirmed that staff responds to call bells promptly. Residents and family/whānau know the process of alerting staff when in need of access to the facility after hours. Appropriate security arrangements are in place. The building is secure after hours, and staff complete security checks at night.</p> <p>Partial provisional:  The existing security processes are verified as suitable to meet the needs of rest home and hospital level of care residents.</p>
<p>Subsection 5.1: Governance  The people: I trust the service provider shows competent</p>	<p>FA</p>	<p>The infection prevention and control and antimicrobial stewardship (AMS) programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection</p>

<p>leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>prevention and control is linked into the electronic quality risk and incident reporting system. Infection prevention is discussed in the combined quality forum group. The group has representation from each facility and includes the PSO clinical nurse advisor, who provides support as the infection prevention and control coordinator across the group. Infection prevention and control is linked into the electronic quality risk and incident reporting system. Infection matters are raised at every staff meeting, including quality wellbeing and health and safety meetings.</p> <p>Infection rates are presented at staff meetings and discussed at quality wellbeing meetings and CGAG meetings. The Board receives reports on progress of quality and strategic plans relating to infection prevention and control, surveillance data, outbreak data and outbreak management, infection prevention and control related audits, resources and costs associated with infection control and AMS two-monthly, and any significant infection and control events. Infection prevention and control audits are conducted. The service has access to infection prevention and control support from Health New Zealand. Visiting hours are open; however, visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility.</p> <p>Partial Provisional:</p> <p>This audit verified that the governance related to the infection control programme and AMS is suitable for the provision of care for hospital level residents.</p> <p>Provisional Audit:</p> <p>Alden have a comprehensive suite of policies and procedures which will be implemented at Elmslie House. Infection control and AMS will be included in the business and quality plans for the service in line with organisational policy and procedures. The regional manager reported infection control data will be entered on to the individual resident file, data (including ethnicity) will then be extracted and analysed by the infection control coordinator who will provide a report which will be sent to head office. Infection control data will be shared with staff at facility meetings. This quality data will also be discussed at the clinical governance meetings and shared with the Board as per</p>
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		<p>current organisational practices. The regional manager was well versed on outbreak management and reporting, and there are robust policies and procedures in place to guide staff. The infection control programme implemented at Elmslie House will be developed with specialist input and will be reviewed annually in line with Alden policy.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control coordinator (IPC) is the clinical manager (registered nurse) who oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The IPC has been in the role for one year and has support from the clinical nurse advisor. The infection prevention and control programme is reviewed annually as part of the quality plan. The infection prevention and control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed on a regular basis in consultation with the infection prevention and control coordinators. Policies are available to staff via the intranet.</p> <p>There are policies and procedures in place around reusable and single use equipment. Reusable medical equipment is cleaned and disinfected after use and prior to next use. Cleaning, infection control and environmental audits are completed to safely assess, and evidence that these procedures are carried out. Aseptic techniques are promoted through hand hygiene and sterile single use wound packs for wound management and catheterisations. The PSO clinical nurse advisor and the IPC have input into the procurement of good quality personal protective equipment (PPE), medical and wound care products. Expiry dates of equipment and infection control stock are regularly checked. There are organisational processes in place to ensure infection control expertise would be included, should there be any major refurbishments or building projects taking place.</p> <p>The infection prevention coordinator has completed external training, including annual attendance at external workshops held by Health New Zealand. There is good external support from the GP, laboratory and the PSO clinical nurse advisor. PSO is committed to the ongoing</p>

		<p>education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters and email.</p> <p>The service has hand hygiene posters which incorporate te reo Māori into infection prevention information for Māori residents and visitors. The organisation can source educational resources in te reo Māori information around infection prevention and control for Māori residents. The IPC nurse explained how they ensure participation and partnership with Māori for the protection of culturally safe practice, in relation to infection control and acknowledge the spirit of Te Tiriti o Waitangi.</p> <p>Partial Provisional:</p> <p>This audit verifies that the infection control programme is suitable for the inclusion of hospital level residents.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There are organisational antimicrobial use policies and procedures documented. The antimicrobial policy is appropriate for the size, scope and complexity of the resident cohort. The infection prevention and control coordinator monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Infection rates are monitored monthly and reported to the quality meeting, clinical forum, and CGAG meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antibiotic use is reviewed monthly and reported at quality meeting.</p> <p>Partial Provisional:</p> <p>This audit verifies the AMS programme meet the needs of hospital level care residents.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection prevention and control programme and is described in the infection control policies. Monthly infection data is collected by the clinical manager, who enters the data into the benchmarking spreadsheet for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a facility monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control data is benchmarked within the organisation and with other Presbyterian Support Services nationally.</p> <p>Infection prevention and control surveillance is discussed at quality wellbeing, staff meetings, clinical forum meetings, and the CGAG group. The service is incorporating ethnicity data into surveillance methods and data captured around infections and this is included in the meeting minutes. Meeting minutes and graphs are displayed in the staffroom for staff. Action plans are required for any infection rates of concern. Annual internal infection prevention and control audits and biennial five movements of hand hygiene are completed, with corrective actions for areas of improvement. The service receives information from Health New Zealand for any community concerns. There have been no outbreaks since the last audit. All staff interviewed were familiar with isolation processes and Covid-19 protocols.</p> <p>Partial Provisional:</p> <p>This audit verifies the infections surveillance and reporting programme in place meets the requirements of hospital level care residents.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate</p>	<p>FA</p>	<p>Policies are in place documented regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturers' labels and stored in locked areas. Cleaning trolleys are kept secure when not in use and are stored in a locked cupboard, with stock cleaning chemicals. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p>

<p>decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit.</p> <p>There is one sluice room with a sanitiser and a separate handwashing basin flowing soap and paper towels.</p> <p>All laundry other than personal clothing is sent off site to another PSO service. Linen is collected from an area designated for dirty laundry and returned to a clean area daily. There is an on-site laundry which has a dirty area where laundry comes in to be washed. It then moves to a clean area for drying and folding. Clean linen is returned to linen cupboards on trolleys while personal laundry is returned in individual baskets. The linen cupboards were well stocked. The washing machine and dryer is checked and serviced regularly.</p> <p>There are dedicated housekeeping staff rostered over the seven days. Healthcare assistants complete personal laundry. Cleaning and laundry services are monitored through the internal auditing system and is overseen by the IPC. When interviewed, laundry and cleaning staff were able to describe appropriate infection prevention and control procedures and were observed wearing appropriate PPE.</p> <p>Partial Provisional:</p> <p>The existing cleaning and laundry services processes are verified as suitable to meet the needs of hospital level care residents.</p> <p>Provisional Audit:</p> <p>There are no changes planned to the cleaning and laundry services.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p>	<p>FA</p>	<p>The restraint approval process is described in the restraint policy and provide guidance on the safe use of restraints. The clinical manager is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator, RNs and HCAs interviewed are conversant with restraint policies and procedures. The restraint policy confirms that restraint consideration</p>

<p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>and application would be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, Elmslie House works in partnership with Māori, to promote and ensure services are mana enhancing. Elmslie House is committed to providing services to residents without use of restraint. The use of restraint (if any) is reported in the quality and staff meetings. The restraint coordinator was interviewed and monitors and reports on all restraint use. The PSO quality advisor (chair of the PSO restraint combined quality forum) was interviewed and confirmed the organisation's focus on minimising restraint use. Restraint use (if any) including ethnicity is reported to the CGAG group each month. Restraint minimisation is included as part of the training plan and orientation programmes and includes annual competencies.</p> <p>Provisional Audit:</p> <p>Alden maintain a restraint free environment across the organisation. This will continue to be implemented at Elmslie House.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	The quality programme is being implemented by the management team at Elmslie House with support provided by the quality advisor. An annual planner/schedule is implemented that includes timeframes for the completion of internal audits and education. Internal audits are being completed as per the internal audit schedule; however, not all corrective actions were being completed as per policy.	Eight of ten internal audits where corrective actions were identified, did not evidence completion and sign off.	<p>Ensure all required corrective actions are completed as signed off.</p> <p>90 days</p>
<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</p>	PA Low	<p>Partial Provisional:</p> <p>There are sufficient numbers of HCAs, activity staff and non-clinical (housekeeping) staff to support admission of hospital level residents. The</p>	Registered nurses have not yet been employed for providing hospital level of care to meet the ARRC contract.	Ensure there is sufficient registered nurses coverage to meet the requirements of the ARRC contract

safe services.		<p>transition plan includes increasing part time staff hours as required to accommodate the increase of hospital level residents where required.</p> <p>As per the ARRC contract clause D17.4 a (i) an aged care facility providing hospital level care is required to always have at least one registered nurse on duty 24/7.</p>		<p>clause D17.4 a (i).</p> <p>Prior to occupancy days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Moderate</p>	<p>There are policies to guide the admission and care planning process. All residents were admitted by a GP; however, not always within required timeframes. Initial admission assessments and care plans were developed within 48 hours for four of the five resident files reviewed. InterRAI assessments, care plans, and care plan reviews were in place for residents where required; however, did not consistently meet required timeframes. One resident was a recent admission and did not require an interRAI assessment or long-term care plan. Short-term care plans were utilised for infections and wounds.</p>	<p>(i). One resident did not have initial assessments or an initial care plan for three months.</p> <p>(ii). Initial interRAI assessments were not documented within 21 days for three of four files reviewed.</p> <p>(iii). Care plans were not documented within 21 days for two of four files reviewed.</p> <p>(iv). InterRAI reassessments were not documented six-monthly for two of three resident files where required.</p> <p>(v). One of two care plan evaluations were not completed within required timeframes.</p> <p>(vi). InterRAI assessments were not consistently completed prior to care plan</p>	<p>(i). – (v). Ensure initial assessments, initial care plans, interRAI assessments, long-term care plans and care plan reviews are documented within required timeframes.</p> <p>(vi). Ensure interRAI assessments occur prior to care planning and care plan evaluations.</p> <p>(vii). Ensure short-term care plans are reviewed regularly and either closed or transferred to the long-term care plan in a timely manner.</p> <p>(viii). Ensure the GP completes an initial visit within five days of admission.</p>

			<p>reviews.</p> <p>(vii). Two short-term care plans did not evidence weekly reviews, transfer to the long-term care plan or closure in a timely manner as per policy.</p> <p>(viii). Three of five residents were not admitted by the GP within five days of admission.</p>	60 days
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The</p>	PA Low	<p>Assessments and care plans are documented by the registered nurses in partnership with the resident and family/whānau. The care plans are individualised and reflect resident preferences; however, not all assessments and care plan interventions were documented in sufficient detail to guide the resident needs. One of five resident care plans reviewed identified sufficient interventions to guide the resident's current care needs.</p>	<p>(i). Two rest home residents on anticoagulants did not have risks identified in the care plan.</p> <p>(ii). One rest home resident recently admitted did not have sufficient interventions documented to manage assessed needs related to falls risk, undernutrition and management of moods.</p> <p>(iii). One resident who identified as Māori had minimal interventions documented around cultural needs, or assessed needs of falls prevention, equipment in use and behaviour management.</p>	<p>(i). – (iii). Ensure all care plan interventions are current, individualised and reflect the assessed needs of residents.</p> <p>90 days</p>

<p>support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>				
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	<p>PA Low</p>	<p>The organisation has comprehensive policies around falls management and monitoring of neurological observations. Monitoring forms included (but were not limited to): weight; neurological observations; wound management and behaviour. Review of monitoring charts identified these were utilised; however, not all charts were maintained as planned. Electronic wound management plans are clearly documented; however, not always on a separate plan for each wound. Progress notes are documented each shift by HCA's; however, RN entries are not always documented as per policy guidelines.</p>	<p>(i). Neurological observations were not completed as per policy for four of six monitoring carts reviewed.</p> <p>(ii). RN progress notes were not documented as per policy for two of five resident files reviewed.</p> <p>(iii). Two wounds plans document two individual wounds on the same plan.</p>	<p>(i). Ensure all neurological observations are completed as per policy.</p> <p>(ii). Ensure progress notes evidence weekly (at least) RN review.</p> <p>(iii). Ensure each individual wounds are documented on an individual plan.</p> <p>90 days</p>

<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>The medication policy and procedures are in place to guide staff in ensure medication administration and storage adheres to legislative requirements. An electronic medication system is implemented, and all medications are prescribed and administered appropriately. Medications are safely stored in a locked trolley in a locked medication room. Controlled drugs legislation requires weekly checks and full six-monthly stocktakes; however, this was not consistently evidenced.</p>	<p>(i). Weekly medication checks of controlled drugs are not consistently completed.</p> <p>(ii) The six-monthly controlled drug stocktake has not been completed since 2023.</p>	<p>(i). &amp; (ii). Ensure controlled drug checks are completed as per policy and legislation.</p> <p>60 days</p>
<p>Criterion 3.4.2</p> <p>The following aspects of the system shall be performed and communicated to people by registered health professionals operating within their role and scope of practice: prescribing, dispensing, reconciliation, and review.</p>	<p>PA Moderate</p>	<p>There are comprehensive medication policies which guide staff on reconciliation and review which states all medications must be checked in by a registered nurse; however, electronic medication check-in signatures identify HCAs complete this function on a regular basis. All staff who administer medications have completed annual education and competencies which guide staff on safe practice.</p>	<p>Four-weekly blister packs and medication changes are not consistently checked in by a RN as per policy.</p>	<p>Ensure medications are checked in by an RN as per policy.</p> <p>60 days</p>
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	<p>PA Low</p>	<p>The hot water temperatures are scheduled to be checked monthly; however, there were no corrective actions completed for any temperatures above the required threshold.</p>	<p>Hot water temperatures checks were reviewed for 2025 year to date. There was no documented evidence of corrective actions being completed for twelve temperatures above the required threshold (45</p>	<p>Ensure that corrective actions are completed for any hot water temperatures above the required threshold (45 degrees Celsius).</p>

			degrees Celsius).	90 days
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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.

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End of the report.