

# Presbyterian Support Southland - Resthaven Village

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Presbyterian Support Southland

**Premises audited:** Resthaven Village

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

**Dates of audit:** Start date: 31 July 2025 End date: 1 August 2025

**Proposed changes to current services (if any):** The number of beds at the previous surveillance audit was 60 (dual purpose). A letter from HealthCERT to the service on 10 July 2024 confirmed that Presbyterian Support Southland Resthaven Village intended to reconfigure the certified services provided by decreasing the number of certified beds from 60 to 50. The letter confirmed that a partial provisional audit was not required but that the auditors at the next audit would be required to confirm numbers. A notification of reconfiguration from HealthCERT dated 21 July 2025 was received to re-open the ten dual purpose (rest home level/hospital

level) care beds that were closed in July 2024. This certification audit verified the service's preparedness to re-open these ten rest home/hospital level of care beds.

**Total beds occupied across all premises included in the audit on the first day of the audit: 43**

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Resthaven Village is located in Gore and is part of the Presbyterian Support Southland (PSS) Enliven organisation. The service provides care for up to 60 residents at rest home and hospital level of care. All beds are certified as dual purpose. At the time of the audit there were 43 residents in total.

This certification 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 facility manager (registered nurse) is appropriately qualified and experienced and is supported by a clinical lead and team of experienced care staff.

There are quality systems and processes being implemented. Feedback from residents and family/whānau were positive about the care and the services provided. An induction and in-service training programme is in place to provide staff with appropriate knowledge and skills to deliver care.

This audit identified shortfalls related to care planning; documentation of nursing notes; neurological observations; documentation of medication administration; and checking of hot water temperatures.

## Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

Resthaven Village provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health and wellbeing plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.

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

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

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

Presbyterian Support Southland has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The facility manager oversees the day-to-day operations of the facility. The quality improvement plan and organisational plan informs the site-specific operational objectives, which are reviewed on a regular basis.

Resthaven Village has an established quality and risk management system. Quality and risk performance is reported across quality and staff meetings, and to the senior leadership team. Resthaven Village collates clinical indicator data and uses the data to improve services. Benchmarking occurs.

There are human resources policies including recruitment, selection, orientation, and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support, and external training is supported. Competencies are maintained.

Health and safety systems are in place for hazard reporting and management of staff wellbeing. The staffing policy aligns with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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There is an admission package available prior to or on entry to the service. The registered nurse is responsible for each stage of service provision. They assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input.

Resident files included medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned to ensure continuity of care. The lifestyle coordinators provide and implement an interesting and varied activity programme, with assistance from the care workers. The programme includes meaningful activities that meet the individual recreational preferences. There are opportunities to participate in te reo Māori through phrases incorporated into the activities and culturally focused activities.

Medication policies reflect legislative requirements and guidelines. The registered nurses and medication competent care workers are responsible for administration of medicines. They complete annual education and medication competencies. The 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 on admission, and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

All transfers and discharges are well documented and planned with the resident and family/whānau.

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

<p>Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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The building is single level. There is a current building warrant of fitness. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. All rooms are personalised.

Documented systems are in place for essential, emergency and security services. Fire drills occur six-monthly. Staff have planned and implemented strategies for emergency management, including Covid-19. There is always a staff member on duty and on outings with a current first aid certificate. The building is secure at night to ensure the safety of residents and staff.

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

<p>Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.</p>		<p>Subsections applicable to this service fully attained.</p>
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The implemented infection prevention and antimicrobial stewardship programme is appropriate to the size and complexity of the service. A trained infection prevention nurse leads the programme. Specialist advice around prevention of infections is accessed when needed.

Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through regular education.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There has been one Covid-19 outbreak reported since the last audit.

There are processes in place for the management of waste and hazardous substances. All staff have access to appropriate personal protective equipment. Cleaning and laundry processes are sufficient to cover the size and scope of the service.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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There is commitment from the governance group to maintain a restraint-free environment. Restraint policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator, who is the registered nurse. The facility has no residents using restraint. It would be considered as a last resort, only after all other options were explored. Staff receive education in de-escalation, falls preventions, and strategies to deescalate behaviours of concern.

## 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	24	0	1	2	0	0
Criteria	0	164	0	2	2	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health and wellbeing plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Presbyterian Support Southland (PSS) Resthaven Village (referred to in the report as Resthaven Village) is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau, with evidence documented in the resident care plan and oranga kaumatua wellness map (referred to in the report as the wellness map).</p> <p>Resthaven Village evidenced commitment to a culturally diverse workforce, as documented in the culturally responsive objectives of the PSS strategic plan 2021 - 2026, and in the Māori health and wellbeing plan. The plan includes partnering with Māori and working in partnership with family/whānau to benefit Māori. There is a PSS cultural advisor assisting to maintain the established relationship with Hokonui Rūnanga at a service level, and there are established partnerships with Ngāi Tahu who identify as consultation partners. A nearby school visits the facility on a regular basis to perform kapa haka. At the time of the audit there were Māori staff members. The facility manager stated that they support increasing Māori capacity within the workforce and will consider employing suitably qualified</p>

		<p>Māori, when they do apply for employment opportunities at PSS Resthaven Village.</p> <p>Interviews with fourteen staff (six care workers, three registered nurses (including the clinical lead), one lifestyle coordinator, one cook, one maintenance person, one housekeeper and one laundry person) and two managers (the facility manager and Enliven quality manager), confirmed that mana motuhake is respected and they are well-equipped to deliver equitable services for Māori and described examples of providing culturally safe services in relation to their role.</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 PSS Cultural Safety for Pasifika Peoples and their Fonua policy and the Pacific Health and Wellbeing Plan 2020-2025. Pacific employees and Pacific community groups have had input into the plan. The principles and objectives of the policy include maintaining respectful relationships, creating equitable access to services, valuing family/whānau and providing high quality health care. The policy recognises Pacific models of care including kakaha, fonofale and fonua. On admission all residents state their ethnicity. At the time of the audit there were no residents identifying as Pasifika. The facility manager interviewed explained that family/whānau will be encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, in being able to identify their satisfaction with the service, and through recognition of cultural needs. The facility manager stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected and documented in the wellness map.</p> <p>Resthaven Village has Pacific staff currently employed. The service partners with their Pacific employees to ensure connectivity with Pacific community groups, to increase knowledge, awareness and understanding of the needs of Pacific people, and to celebrate cultural activities. The culturally responsive objectives documented in the PSS strategic plan 2021-2026 recognise the capacity and capability of the Pacific workforce through promoting their diverse workforce.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The facility manager, clinical lead, and registered nurses discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held during the resident/family meetings. Six residents (three rest home and three hospital level of care) and six family/whānau (two rest home and four hospital level) interviewed stated they felt residents' rights were upheld and they were treated with dignity, respect, and kindness. Interactions observed between staff and residents during the audit were respectful. There are links to spiritual support documented in the policy.</p> <p>Presbyterian Support Southland Enliven employs a pastoral care coordinator who provides social, emotional, cultural, and spiritual support. Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau.</p> <p>The service recognises Māori mana motuhake and this is reflected in the Māori health and wellbeing plan, individual care planning process, goal setting, and the completion of the wellness map.</p> <p>Church services are held weekly. Staff receive education in relation to the Code during orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a</p>	<p>FA</p>	<p>Care workers interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or to provide other forms of support. Residents have</p>

<p>way that is inclusive and respects their identity and their experiences.</p>		<p>control and choice over activities they participate in.</p> <p>Resthaven Village`s annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. It was observed during the audit that residents are treated with dignity and respect. Interviews with family/whānau confirmed that residents and family/whānau are treated with respect. Staff receive training in the PSS charter of core values that include respect, compassion, community, importance of family/whānau, and accountability at orientation. Information around each resident`s values and beliefs is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. A sexuality and intimacy policy is in place, with training as part of the education schedule. Staff interviewed stated they respect each resident`s right to have space for intimate relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met.</p> <p>Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident`s preferred names. A spiritual health policy is in place. Spiritual needs are identified, church services are held, and spiritual support is available. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural awareness training has been provided for staff and includes Te Tiriti o Waitangi, tikanga Māori, te reo Māori, promotion of equity, and cultural competency. The lifestyle coordinator confirmed that the service is actively supporting Māori by identifying their needs and aspirations. This was evidenced in the care plan and wellness map of a Māori resident, whose care plan included the physical, spiritual, family/whānau and psychological health of the resident.</p>
<p>Subsection 1.5: I am protected from abuse</p>	<p>FA</p>	<p>An abuse, neglect awareness policy is being implemented.</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>Presbyterian Support Southland has policies and guidelines around preventing any form of discrimination. These also acknowledge the impact of institutional racism on the wellbeing of residents. The overarching PSS Embedding Te Pātikitiki o Kotahitanga policy include strategies to abolish institutional racism. Cultural days are held to celebrate diversity.</p> <p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct document as part of their employment agreement. This bullying, harassment and discrimination policy is implemented. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct. Residents and family/whānau interviewed confirmed that there is no evidence of abuse or neglect at the service and that staff are very caring, supportive, and respectful. The service implements a process to manage residents' finances.</p> <p>Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with the facility manager, and care workers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Resthaven Village continues to embed the principles of the Enliven model of care that is holistic, and that recognises models of care, including Te Whare Tapa Wha, which encompass an individualised, strength-based approach to ensure the best wellbeing outcomes for all residents.</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.  Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.  As service providers: We listen and respect the voices of the people</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Resident and family/whānau meetings identify feedback from residents and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any accident/incident that occurs.</p>

<p>who use our services and effectively communicate with them about their choices.</p>		<p>Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an adverse event. This is also documented in the progress notes. Accident/incident forms reviewed identified family/whānau are kept informed and this was confirmed through the interviews with family/whānau. Contact details of interpreters are available, with these services used when needed. At the time of the audit, there were no residents who did not speak English.</p> <p>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. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services (eg, wound nurse specialist, speech language therapist, older persons mental health clinical nurse specialist, geriatrician, and dietitian). The delivery of care includes a multidisciplinary team, and residents and family/whānau provide consent to referrals to other providers involved in their care.</p> <p>The facility manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required. Residents and family/whānau interviewed confirmed they know what is happening within the facility, and felt informed regarding any events/changes through emails, regular newsletters, and resident meetings.</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,</p>	<p>FA</p>	<p>There are policies around informed consent. Interviews confirmed informed consent processes were discussed with residents and family/whānau on admission. Seven electronic resident files were reviewed. Written general consents sighted for photographs, release of medical information, and medical cares. The admission agreement was signed as part of the admission process. The admission agreement is appropriately signed by the resident or the EPOA.</p>

<p>keep well, and live well. 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>Specific consent had been signed by the resident or enduring power of attorney (EPOA) for procedures, such as influenza and Covid-19 vaccinations. Discussions with care workers confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care. The service welcomes the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Details of the enduring power of attorney is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision.</p> <p>Shared goals of care and guidelines on advance directives are documented as part of informed consent policies. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. When residents were deemed incompetent to make a resuscitation decision, the general practitioner (GP) had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative's lives. The service follows relevant best practice tikanga guidelines when obtaining consent, by incorporating the resident's cultural identity when planning care. Evidence was sighted of supported decision making, resident's being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them.</p> <p>Staff have received training on cultural safety, promoting equity and tikanga best practice. Training has been provided to staff around the Code and informed consent.</p>
<p>Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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>FA</p>	<p>The complaints, concerns and suggestion policy is provided to residents and family/whānau on entry to the service. The facility manager maintains an electronic complaints register of all complaints, (verbal and written). There have been six complaints received since the last audit in March 2024. The complaints reviewed, including follow-up letters and resolution, and documentation demonstrated that complaints are being managed in</p>

<p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>accordance with guidelines set by the HDC. The complaints logged onto the complaints register were classified into themes with a risk severity rating documented. All complaints reviewed included acknowledgement, investigation, follow up and replies to the complainant.</p> <p>One of the complaints was sent from the Nationwide Health and Disability Advocacy Service, and the director of Enliven completed an investigation. The complaint was closed off by the Nationwide Health and Disability Advocacy Service. Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints. Complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Compliments were documented. The complaints procedure is an equitable process, provided to all residents and family/whanau on entry to the service. It was acknowledged in interviews that Māori complainants may prefer face to face discussions around any complaint and managers stated this would be accommodated.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Resthaven Village is located in Gore and is part of the Presbyterian Support Southland (PSS) Enliven organisation, who have two other facilities in the area. The number of beds at the previous surveillance audit was 50 (dual purpose). A letter from HealthCERT to the service on 10 July 2024 (after the surveillance audit), confirmed that Presbyterian Support Southland Resthaven Village intended to reconfigure the certified services provided, by decreasing the number of certified beds from 60 to 50. The letter confirmed that a partial provisional audit was not required, but that the auditors at the next audit would be required to confirm numbers. The service requested a change to certified services at this certification audit to re-open the ten dual purpose (rest home level/hospital level) care beds that were closed in July 2024. This certification audit verified the service's preparedness to re-open these ten rest home/hospital</p>

		<p>level of care beds.</p> <p>The service provides care for up to 50 residents at rest home and hospital level of care (60 if the dual-purpose beds verified are certified at this audit). All beds are certified as dual purpose. At the time of the audit there were 43 residents: 25 rest home level of care, including two residents on younger person with disability (YPD) contracts, and one resident on respite care; and 18 hospital level of care. All other rest home and hospital level residents were under the age-related residential care (ARRC) agreement. At the time of the audit there was one double room which had single occupancy. There was also a couple; however, both residents were in single rooms.</p> <p>The director of Enliven (present during the audit) confirmed there have not been any changes to the governance structure since the previous audit. The chief executive has been in the role for 18 months. The governance body (Trust Board) for PSS is a Charitable Trust comprising of seven trustees (at the time of the audit one of the trustees had resigned). The Trust Board provides strategic guidance and effective oversight to the senior leadership team. There is a formal orientation programme for new trustees. There is a Terms of Reference for the Trust Board and a position description for trustees. There is a PSS Charter and Strategic Plan 2021-2026 that documents the vision, values, and key service objectives. The chief executive and senior leadership team are responsible for delivery on the strategic plan objectives. Management reports on progress against the plan on a quarterly basis. The Trust Board have all completed cultural training. The cultural advisor has relationships with local iwi and is engaged with Enliven residents and family/whānau, who identify as Māori as needed. The organisation philosophy and strategic plan reflect a resident/family-centred approach to all services.</p> <p>The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. There is Ngai Tahu representation on the Trust Board. The Presbyterian Support New Zealand (PSNZ) cultural advisory group includes Māori representatives from each region. There is also a pastoral care coordinator who enables the workforce to provide support to</p>
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	<p>residents and whānau of Māori, non-Māori, and residents with disability within the services. A clinical governance committee meets two monthly. An improvement plan has been developed by the clinical governance committee and approved by the Trust Board. The Enliven quality manager is responsible for the implementation of the quality improvement plan for all PSS sites and provides a regular report to the clinical governance committee that highlights areas of risk. Presbyterian Support Southland completes clinical benchmarking with Presbyterian Support Otago, South Canterbury, and Presbyterian Support Central against key clinical indicators.</p> <p>The clinical governance committee reviews the risks for the PSS Enliven (aged care) service at their six-weekly meetings, when this information is reported to the Board. The strategic plan and specific goals documented as part of the quality improvement plan related to PSS Resthaven Village are measurable and these are reviewed quarterly. Site specific goals relate to clinical effectiveness, an effective cultural journey, and risk management is overseen and reported on by the Enliven quality manager. There is a national whenua policy documented that guides collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. Trustees regularly visit PSS sites to ensure engagement with residents and family/whānau. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and regular resident and family/whānau meetings. Feedback is collated, reviewed, and used by the senior management team of Enliven to identify barriers to care, and to improve outcomes for all residents.</p> <p>The facility manager is a registered nurse who has been in the role for three years and has worked at PSS for over 20 years. The facility manager is currently the clinical manager as part of the facility manager role. The facility manager is supported by a clinical lead, experienced care staff, the Enliven quality manager, and the wider PSS management team, including the director of Enliven.</p> <p>The facility manager has completed the required eight hours of professional development activities related to managing an aged care facility.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>PSS Resthaven Village is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality and staff meetings provide an avenue for discussions in relation to (but not limited to): quality goals (key priorities); quality data; health and safety; cultural journey infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements. Clinical related internal audits are completed by the Enliven quality manager and facility manager and reported in the monthly clinical quality report and monthly PSS clinical managers meetings. Quality and business goals are reviewed regularly.</p> <p>Corrective actions are discussed at quality and staff meetings to ensure any outstanding matters are addressed with sign-off when completed. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. Regular reviewing of policies and procedures are overseen by the clinical governance committee. A document control system is in place. Policies are available and accessible to all staff on the intranet. Staff are informed of policy changes through meetings and notices.</p> <p>Monthly internal and quarterly external benchmarking of quality data, including ethnicity trends, provide a critical analysis to organisational practice and to improve health equity. Quality data, graphs and trends in data are posted on a quality noticeboard located in the staffroom and nurses' station. Staff have completed cultural competencies and training to ensure there is a high-quality and culturally safe service for Māori. The resident and family/whānau satisfaction survey for 2024 and 2025 evidenced overall satisfaction on the areas of service delivery. Any areas for improvement were</p>

		<p>being considered at the time of the audit.</p> <p>A health and safety system and risk management system is in place. There is a health and safety committee that meets monthly. Hazard identification forms are completed electronically, and an up-to-date hazard register was reviewed (sighted). Staff incident, hazards and risk information is collated at facility level, and a consolidated report and analysis of all facilities is provided to the governance body. The noticeboards in the staffroom keep staff informed on health and safety issues.</p> <p>Electronic reports are completed for each incident or accident, with a severity risk rating assigned. Immediate action is documented, with any follow-up action(s) required also noted. Results are discussed in the quality and staff meetings and at handover. The system escalates alerts to senior team members depending on the risk level. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Monthly internal and external benchmarking occurs with PSS sister organisations and quarterly external benchmarking occurs with National Group of other providers.</p> <p>Discussions with the facility manager and Enliven quality manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications required since the last audit. There have been seven notifications to the Health Quality and Safety commission (HQSC) for resident falls resulting in fractures and unstageable pressure injuries. There has been one Covid-19 outbreak reported since the previous audit. The outbreak was appropriately reported to the relevant authorities.</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.</p>	<p>FA</p>	<p>There is a staffing requirements policy and procedure that describes rostering and staffing ratios in an event of residents' acuity change and outbreak management. The facility manager works full time from Monday to Friday. The director of Enliven oversees the facility in the event of an absence of the facility manager. The clinical lead works full time; three days in the clinical lead role, and two days as a</p>

<p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>registered nurse. The facility manager and clinical lead are supported by a full complement of registered nurses. The facility manager reported that the number of care workers has remained stable within the facility since the last audit.</p> <p>There is at least one registered nurse on shift to cover the morning and afternoon shift; and one registered nurse for the night shift, with support from two care workers. The facility manager provides 24 hours on call 24/7 for any clinical issues and is supported by the clinical lead. The facility manager interviewed confirm staff needs and shortages are reported to the senior leadership team.</p> <p>The staff roster reviewed confirmed that the number of care workers on each shift is sufficient for the acuity, layout of the facility, support with the workload, and to provide safe and timely care on all shifts. The proposed staff roster reviewed for the additional ten rest home/hospital level (dual purpose) beds provides sufficient and appropriate coverage of care workers for the effective delivery of care and support to residents. Any absences and sick leave are covered by staff through extending working hours and through mutual agreement with employees. No agency staff have been utilised. Staff and residents are informed when there are changes to staffing levels, as evidenced in staff interviews and residents meeting minutes. There are separate staff dedicated for the activities programme, cleaning, laundry, and food services.</p> <p>The Enliven quality manager oversees the education attendance and training schedule. There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff attended cultural awareness, promoting equity and Te Tiriti training at orientation and annually as per the education plan. Training statistics and staff education reports are completed monthly by PSS Enliven support office, to ensure staff training is monitored effectively. Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they are provided with resources during their cultural training. Cultural resources are available on the intranet. The learning platform creates opportunities for the workforce to learn about and address inequities.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are recruitment and human resource policies in place, including recruitment, selection, orientation, and staff training and development. Eight staff files reviewed (one clinical lead, one registered nurse, four care workers, one lifestyle coordinator and one cook) evidenced implementation of the recruitment process, employment contracts, police checking, and completed orientation. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. There is an appraisal schedule documented, and the staff files reviewed evidenced that staff had an annual appraisal completed.</p>

		<p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurse and care workers to provide a culturally safe environment for Māori. Information held about staff is held securely and is confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>There is a staff debrief and psychological first aid policy which includes follow up of any staff incident or accident, evidence of debriefing, support for employee rehabilitation, and safe return to work documented.</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>There is a clinical records management policy. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected.</p> <p>There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Resident's past paper-based documents are securely stored and uploaded to the system. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>The facility manager is the privacy manager for the service, with support from the Enliven quality manager. There is a confidential process followed when sharing health information. The service is not responsible for National Health Index registration.</p>
Subsection 3.1: Entry and declining entry	FA	The service has policies and procedures in relation to admission and

<p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>decline of residents. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for family/whānau and residents prior to admission or on entry to the service. Seven admission agreements reviewed align with all contractual 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 have 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 facility manager is available to answer any questions regarding the admission process and manages the waiting list. Where entry is delayed, the prospective resident, family/whānau and referring agency are informed.</p> <p>The service openly communicates with potential residents and family/whānau during the admission process and declining entry would be if the service had no beds available, or could not provide the level of care required. Potential residents (and family/whānau) are provided with alternative options and links to the community if admission is not possible. The service collects ethnicity information at the time of enquiry from individual residents.</p> <p>The service has a process to combine collection of ethnicity data from all residents, and the analysis of this for the purposes of identifying entry and decline rates that is ethnicity focussed. The analysis of ethnicity data is extracted from the electronic resident management system and analysed at head office. Presbyterian Support Southland employs a Māori advisor who can provide advice or support for Māori residents, family/whānau and/or staff if required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau</p>	<p>PA Moderate</p>	<p>Seven resident files (four hospital and three rest home level care, including one resident on a YPD contract) were reviewed for this audit. The registered nurses complete an initial assessment and care plan on admission to the service by utilising the 'getting to know me' assessment tool in the electronic management system. This includes relevant risk assessments that are completed six-monthly or earlier due to health changes. InterRAI assessments and long-</p>

<p>rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>term care plans were completed within the required timeframes. The care plans were resident focused and individualised. Evaluations stated progress against the set goals. All long-term care plans reviewed identified the individualised support needs and goals to manage the health needs or risks of the resident; however, not all interventions were documented in sufficient detail to guide staff. Other available information, such as discharge summaries, medical and allied health notes, and consultation with the resident, family/whānau or significant others, is included in the resident electronic file. The care plan is holistic and aligns with the service's model of shared goals of care.</p> <p>There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in the electronic progress notes. Cultural assessments and care plans were reviewed, along with information based on Te Whare Tapa Whā associated processes to guide culturally appropriate care and pae ora outcomes. Barriers that prevent tāngata whaikaha and family/whānau from independently accessing information are identified and strategies to manage these are documented. The registered nurses described the four cornerstones of Māori health documented in Te Whare Tapa Whā model and stated that care plans included the physical, spiritual, family, and mental health of the residents. The Māori health plan includes provision of equitable outcomes for Māori health.</p> <p>Residents have the choice to remain with their own GP; however, there is a contracted local medical practice who provides medical services to residents. The GP visits weekly or as required, completes admissions, three-monthly reviews, and sees all residents of concern. The GP interviewed stated that they are notified via text and emailed in a timely manner about residents with health concerns. The GP service is available after-hours 24/7. All GP notes are entered into the electronic system. The GP commented positively on the care the residents received.</p> <p>Residents' electronic files identify the integration of allied health professional input into care, and a multi-disciplinary team approach is evident. A physiotherapist visits weekly, and a PSS contracted dietitian is available by referral. A podiatrist visits six-weekly. Other</p>
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		<p>allied health professionals involved in care include hospice, clinical nurse specialists, and medical specialists from Health New Zealand.</p> <p>A verbal handover (observed between morning and afternoon shifts during the audit) occurs. A written handover sheet (sighted) is updated as needed to ensure consistent communication amongst all staff. Progress notes are written each shift by the care workers. The registered nurses document a weekly clinical note for each resident, regardless of assessed level of care.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the registered nurses initiate a review with the GP. Family/whānau or EPOA were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes, and any changes to health status.</p> <p>There are ten residents each with a wound. Wounds included an unstageable pressure injury (non-facility acquired) and three stage II pressure injuries. The electronic wound care management system documents the wound assessments, management plans, and evaluations, with supporting photographs. Specialist input is provided when required.</p> <p>Registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence products, wound care supplies, and pressure injury prevention resources. There is also access to a continence specialist if required. Care plans reflect the required health monitoring interventions for individual residents, including repositioning; intentional rounding; food and fluid monitoring; bowel charts; blood pressures; weights; pain; behaviour; and blood sugar levels. However, not all monitoring charts were completed as scheduled. The neurological observations have been commenced for unwitnessed falls with suspected head injuries; however, not all were completed according to the facility policy.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p>	<p>FA</p>	<p>The lifestyle coordinator team leader has recently been appointed to support lifestyle coordinators throughout to all Presbyterian Support Southland villages. There are two lifestyle coordinators at Resthaven</p>

<p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>Village who provide activities over seven days a week.</p> <p>A monthly calendar is developed and broken into a weekly calendar, which is delivered to all residents and displayed on noticeboards throughout the facility. The weekly activities programme provides a description of the activities and are printed in large prints. The planned programme includes themed cultural activities and events. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. One-on-one time is spent with residents who do not wish to actively participate in communal activities. Activities include newspaper reading; line dancing; housie; craft; quizzes; board games; walks; exercises; pampering, outings, and variety of music entertainments.</p> <p>The service facilitates opportunities to participate in te reo Māori through phrases incorporated into the activities. Matariki and Māori language weeks are celebrated. Residents were recently joined by a local rūnanga to prepare a hangi. A local kapa haka group visits the service and a daily karakia is said before midday meals. Poi making and harakeke (flax) weaving is included in the July activities. The lifestyle coordinator interviewed showed photographs of the residents enjoying various activities and this was observed on the day. Community links are maintained through café and lunch outings, visiting pet therapists and entertainers, and outings to local events and places of interest.</p> <p>The 'getting to know me' assessment is completed within 24 to 48 hours of admission and encapsulates the resident's social and cultural profile. This includes information related to the resident's past and present interests, likes and dislikes, career, and family connections. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities and documented in individual resident progress notes.</p> <p>Family/whānau can attend residents' meetings. A specific family/whānau meeting is held two times a year. There is an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Resident and family/whānau surveys also provide feedback on the activity programme and the last resident satisfaction survey evidenced overall satisfaction with the activities provided. Residents and family/whānau interviewed stated the activity</p>
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		programme is meaningful and enjoyable.
<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>Policies around medication administration and management are documented. The facility manager, clinical lead, registered nurses, and care workers who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. Care workers could describe their role regarding medication administration. All medication is checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in a large treatment room. The medication fridge and treatment room temperatures are monitored daily, and the temperatures were within acceptable ranges. All over the counter vitamins, supplements, or alternative therapies that residents choose to use, are reviewed, and prescribed by the GP. Two medication trolleys were observed in use during the day of audit and were locked and stored in the treatment room when not in use. The date of opening of medications with a short shelf life was noted.</p> <p>Fourteen electronic medication charts were reviewed. The medication charts identified that the GP reviews resident medication three-monthly, and each chart has photographic identification and allergy status identified. All regular and pro re nata (PRN) medications were prescribed and administered appropriately. All medications prescribed had indications for usage documented by the prescriber; however, effectiveness of PRN medications were not always documented.</p> <p>There are residents who self-administer their own inhalers. The facility follows their resident medication policy in relation to self-administration. The GP reviews the competency of the residents to self-administer their medication on a three-monthly basis. No standing orders are in use.</p> <p>Residents and family/whānau are updated around medication changes, including the reason for changing medications and side</p>

		<p>effects. This is documented in the progress notes. The registered nurse described a process to work in partnership with Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes for Māori residents.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The meals at Resthaven Village are prepared and cooked on site. The kitchen was observed to be clean, well-organised, and well equipped. There is a current approved food control plan. A seasonal menu is developed by the organisational kitchen manager and is reviewed and approved by a dietitian.</p> <p>There is a documented policy on nutrition and hydration, and a food service manual available in the kitchen. The cook receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods), or of any residents with weight loss. The cook (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Specific Māori cultural meals have been provided when requested. Residents have access to nutritious snacks. The kitchen staff, cook and care workers interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff and reflect the intent of tapu and noa.</p> <p>The cook completes a daily diary and includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. The temperature readings are entered into an electronic system. The system gives out alerts if a documentation or reading is missed, or when the temperature entered is out the acceptable range. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules were documented using the electronic system.</p> <p>Meals are directly served to residents in their rooms or in the main dining area. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to</p>

		maintain independence with eating. Kitchen staff have all completed food safety and hygiene courses. The residents and family/whānau interviewed were very complimentary of the food service, the variety and choice of meals provided.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	Planned discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care. The resident transfer or discharge policy and procedures ensure discharge, or transfer of residents is undertaken in a timely and safe manner. The residents and family/whānau are involved in any discharge or transfer to or from the service. Residents and family/whānau are given options to access other health and disability services and social support or Kaupapa Māori services, where indicated or requested. The registered nurses explained the transfer between services includes a comprehensive verbal handover and the completion of specific documentation.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	PA Low	<p>Resthaven Village is a single level care home. The building warrant of fitness is current. A full-time maintenance person oversees the maintenance of the site. Essential contractors, such as plumbers and electricians, are available 24 hours a day. Maintenance requests are logged in an electronic system and followed up in a timely manner. There is an annual maintenance plan that includes annual electrical testing and tagging, resident's equipment checks, and the calibration of medical equipment. Visual checks of all electrical appliances belonging to residents are checked when they are admitted. Care workers interviewed stated they have adequate equipment and space to safely deliver care for residents. The hot water temperatures are completed monthly; however, corrective actions required for any temperatures above or below the required thresholds were not documented. Residents are encouraged to bring their own possessions into the village and personalise their room as desired.</p> <p>There is one double room which was occupied by single resident at</p>

	<p>the time of the audit. All other resident rooms are single occupancy with shared ensuites. There is a main lounge and several small lounges including a family/whānau room, and a separate dining room adjacent to the main kitchen. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. Toilet and shower facilities are easy to clean. There are identified communal and visitor toilets within the facility. There are hand basins in all resident rooms.</p> <p>There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment and aids, including adequate space for the use of a hoist for resident transfers as required. Residents were observed moving freely around the areas with mobility aids where required. Handrails are available in all areas. There is sufficient natural light and ventilation in the resident rooms and communal areas. There is adequate space for storage of mobility equipment. The building is appropriately heated and ventilated, with heat pumps in communal and lounge areas, and radiators heated by an electric boiler throughout the facility.</p> <p>There is a safe access to internal and external courtyards. The external areas are maintained, and seating and shade is available.</p> <p>A notification of reconfiguration was requested to re-open the ten dual purpose (rest home level/hospital level) care beds that were closed in July 2024. This certification audit verified the service's preparedness to re-open these ten rest home/hospital beds. The ten dual purpose resident rooms are large enough to provide space for hospital level of care and equipment. Each room has a window, and the rooms are heated and ventilated appropriately. There are sufficient numbers of toilets and bathrooms that can accommodate hospital level equipment. There is also a whānau room available for residents and family/whānau to utilise. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>The service is not currently engaged in any construction. The director of Enliven advised that the PSS cultural advisor is available to ensure the designs and environments reflect the aspirations and identity of Māori. The service has a Māori staff member who has completed a blessing for the re-opened 10 beds.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>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 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 in March 2021. Fire evacuation drills are conducted every six months. 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.</p> <p>The facility is well prepared for civil emergencies, with civil defence supplies and sufficient storage of emergency water, including a water tank (7,500 litres) and bottled water (120 litres) on site, which is adequate supply for three litres per resident (and for staff on site), per day for seven days. There is a BBQ and gas for a stove in the kitchen available for cooking if the electricity is out. Emergency food supplies sufficient for at least seven days are kept in the kitchen and storage cupboard. There is no generator on site; however, the organisation has an agreement in place with a local contractor to provide one if needed. Emergency lighting is available and is regularly tested.</p> <p>The facility manager and registered nurses are all first aid trained.</p> <p>The service has a call bell system in place that is used by the residents, family/whānau, and staff members to summon assistance and these are checked regularly by the maintenance person. All residents have access to a call bell. Residents and family/whānau confirmed that staff respond to call bells promptly. Residents and family/whānau know how to alert staff when they need to access the facility after hours. Appropriate security arrangements are in place. The building is secure after hours. Staff and an external security company complete regular security checks at night.</p>

<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention and control (IPC) coordinator provides monthly clinical quality reports to the Enliven quality manager. The clinical governance committee reviews the report. The infection control (IC) and antimicrobial stewardship (AMS) programmes are led by the Enliven quality manager, with oversight from the clinical governance committee. Infection prevention and control, and antimicrobial stewardship policies and procedures have been recently reviewed and are appropriate for the service. The IC programme and policies and procedures link to the quality improvement plan 2023-2026 with goals reviewed and reported on regularly to the senior leadership team and governance. Details of the inclusion of infection prevention within the infection surveillance and clinical outcomes reports are noted within the quality and risk programme. This includes reports on significant infection events.</p> <p>Expertise and advice is able to be sought from the GP, Health New Zealand infection control team, and experts from the local public health team, as and when required.</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 (IPC) coordinator oversees and coordinates the implementation of the IC programme for PSS Resthaven Village. The IPC coordinator's role, responsibilities, and reporting requirements are defined in the infection control officer's job description. The IPC coordinator has completed external education on infection prevention and control for clinical staff and has access to shared clinical records and diagnostic results of residents. The IPC coordinator has access to external infection control expertise and provides monthly reports to the Enliven quality manager.</p> <p>There is a defined and documented IC programme implemented that was developed with input from external IC services and reviewed annually. The IC programme was approved by the clinical governance committee and is linked to the PSS wide risk programme. Infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. Policies reflect the requirements of the</p>

		<p>infection prevention and control standards and include appropriate referencing. The pandemic and management of outbreaks plan in place is reviewed at regular intervals. Sufficient IC resources, including personal protective equipment (PPE), were available on the days of the audit. Infection control resources were readily accessible to support the implementation of the pandemic response plan if required.</p> <p>The IPC coordinator has input into other related clinical policies that impact on healthcare-associated infection (HAI) risk and has access to all resident records as required. Staff have received education in IC at orientation and through ongoing annual online education sessions. Infection control information is provided to residents, by education on an individual basis during cares, or to a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.</p> <p>The IPC coordinator liaises with the Enliven quality manager on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers. The Enliven quality manager stated that the IPC coordinator would be involved in the consultation process for any proposed design of any new building, or when significant changes are proposed to the existing facility. Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection guide for staff documented in the infection control isolation and precautions policy (reviewed). Infection control audits are completed, and where required, corrective actions are implemented.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique, and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the body, and same applies for white and coloured pillowcases. These are some of the culturally safe practices</p>
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		in IC observed and thus acknowledge the spirit of Te Tiriti. The IPC Coordinator reported that residents who identify as Māori are consulted on IC requirements as needed. During interviews, staff understood these requirements. The service has printed off educational resources in te reo Māori and they are available online.
<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>The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the clinical governance committee. The policy in place aims to promote optimal management of antimicrobials, to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The GP has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment are maintained. The annual IC and AMS review and the infection control and hand washing audit include the antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, pathogens isolated, and any occurrence of adverse effects. Antibiotic use is benchmarked, and information is shared with the GP.</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>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The hospital acquired infections (HAIs) being monitored include infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. HAIs are monitored through documentation and care planning and residents and family/whānau are informed of the progress. The Enliven quality manager is extracting ethnicity data from the surveillance of healthcare-associated infections at regional level. Benchmarking is completed with other Presbyterian Support organisations nationally.</p>

		<p>Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates, of audit outcomes at quality and staff meetings. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented. Residents were advised of any infections identified and family/whānau where required in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There has been one Covid-19 outbreak reported since the last audit, which was managed well.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry.</p> <p>There are housekeepers whose role includes cleaning seven days a week. Cleaning guidelines are provided. Cleaning equipment and supplies are stored safely in a locked storeroom. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The housekeepers have attended training appropriate to their roles. Cleaning products are in labelled bottles.</p> <p>There are regular internal environmental cleanliness audits, which are monitored by the facility manager. These did not reveal any significant issues. There is a sluice and sanitiser in the facility. Towels and bed linen is washed off-site and picked up and delivered at regular intervals during the week. Personal clothing and mopheads are laundered on site. The laundry area is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents daily. Washing temperatures are monitored and maintained to meet safe hygiene requirements. Care workers interviewed stated they have sufficient linen available to them to</p>

		<p>provide care to the residents.</p> <p>The effectiveness of laundry processes is monitored through the internal audit programme. Resident and family/whānau interviews confirmed satisfaction with cleaning and laundry processes. The IPC coordinator provides support to maintain a safe environment during construction, renovation and maintenance activities.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>There is a governance commitment to maintenance of a restraint-free environment. Resthaven Village is restraint free. The restraint approval process is described in the restraint policy. The restraint coordinator is a registered nurse and provides support and oversight for restraint management in the facility. An interview with the restraint coordinator described the organisation's commitment to restraint elimination. They are conversant with restraint policies and procedures. Restraint minimisation training for staff begins during their orientation and continues annually.</p> <p>The reporting process includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. If used, a review of the records for residents requiring restraint would cover the restraint assessment, consent, monitoring, and evaluation. Family/whānau approval would be sought, should any resident be unable to consent to the use of restraint. Any impact on family/whānau would also be considered. The Enliven quality manager and director of Enliven would be informed of any restraint use in the facility. The use of restraint would also be included in the collation of quality data.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 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</p>	<p>PA</p> <p>Moderate</p>	<p>The service has comprehensive policies related to assessment, support planning and care evaluation. Registered nurses are responsible for completing assessments (including interRAI), developing resident centred care interventions, and evaluating the care delivery six-monthly, or earlier as residents needs change. The service seeks multidisciplinary input as appropriate to the needs of the resident. Care plans were evidenced to be developed in partnership with the resident and family/whānau. Care plan interventions are holistic and include all cultural and spiritual needs and preferences identified; however, not all interventions are reflective of</p>	<p>i). There were no specific signs and symptoms documented in the care plan to guide staff of early warning signs of hypoglycaemia and hyperglycaemia for one rest home level resident on insulin.</p> <p>ii). One rest home level resident who had a recent fall resulting in a fracture was commenced on oxygen therapy; however, there were no interventions documented to guide staff around oxygen usage, signs and symptoms of hypoxia, the risk of developing a pressure injury from tubing, and side effects of oxygen therapy. The trip hazard of the oxygen tubing was not identified in the care plan; however, staff had identified this and risk</p>	<p>i). – iii). Ensure care plan interventions are individualised and detailed to guide care for all assessed and identified needs.</p> <p>iv). Ensure that nursing progress notes are completed for hospital level care residents.</p> <p>60 days</p>

<p>settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service integration as required.</p>		<p>residents’ current needs.</p>	<p>mitigation measures were in place.</p> <p>iii). There is no specific signs and symptoms documented in the care plan to guide staff of early warning signs of urinary tract and respiratory tract infections for one rest home resident with a history of these infections.</p> <p>iv). Registered nurse progress notes were not reflective of residents’ current needs and did not evidence deterioration or improvement in residents’ condition in all seven resident files reviewed.</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>PA Low</p>	<p>There is a falls management policy and neurological observation policy to guide staff in the management of witnessed and unwitnessed falls. All residents who required neurological observations had these documented; however, not all were completed according to policy. Registered nurses document monitoring requirements for assessed needs, such as intentional rounding, repositioning, food and fluid monitoring, and blood glucose levels in the care plan including scheduled intervals. Routine monitoring charts were all completed as per care plan instructions.</p>	<p>Neurological observations for four of seven residents for unwitnessed falls were not evidenced as being completed as per policy.</p>	<p>Ensure that any neurological observations are completed as per policy.</p> <p>90 days</p>

<p>(c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>				
<p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>PSS Resthaven Village has medication policies and procedures documented that align with current legislation and best practice. An electronic medications system is utilised. All medication charts are documented appropriately and include photographic identification, allergies and sensitivities. Pro re nata (PRN) medications are charted in alignment with legislation and best practice; however, the effectiveness of PRN medication when administered was not consistently documented.</p>	<p>Eight of fourteen resident records did not show evidence of effectiveness of PRN medication.</p>	<p>Ensure effectiveness of PRN medications are documented in a timely manner.  60 days</p>
<p>Criterion 4.1.2 The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	<p>PA Low</p>	<p>Hot water temperatures are scheduled to be checked monthly. Hot water temperatures checks were reviewed for 2024 and 2025 year to date; however, there were no corrective actions completed for any temperatures above or below the required thresholds.</p>	<p>There was no documented evidence of corrective actions being completed for temperatures above or below the required thresholds (45 and 38 degrees Celsius).</p>	<p>Ensure that corrective actions are completed for any hot water temperatures above or below the required threshold (45 and 38 degrees Celsius).  90 days</p>

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

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

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

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

No data to display
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End of the report.