

# Banbury Park Limited - Banbury Park

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Banbury Park Limited
<b>Premises audited:</b>	Banbury Park
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 1 September 2025      End date: 2 September 2025
<b>Proposed changes to current services (if any):</b>	None.
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	77

# 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

Banbury Park operates under Qestral Corporation limited as a subsidiary company and provides rest home, hospital, and dementia level of care for up to 81 residents. On the day of audit there were 77 residents.

This surveillance audit was conducted against a sub-section of Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Health New Zealand Te Whatu Ora. The audit processes included observations; a review of organisational documents and records, including staff records and the files of residents; interviews with residents and family/whānau; and interviews with staff, management, and the general practitioner.

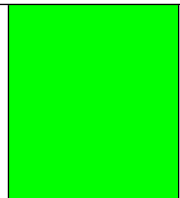
The facility nurse manager is appropriately qualified and experienced and is supported by a clinical nurse manager and unit coordinator. There are quality systems and processes implemented.

The team are diversified. A stable team of skilled registered nurses, experienced healthcare assistants and non-clinical staff support the management team. Feedback from residents and family/ whānau were positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care. A comprehensive ongoing education plan is implemented.

The previous two shortfalls in relation to staff orientation records and approved evacuation scheme for the dementia unit, have been addressed.

This surveillance audit identified no shortfalls.


## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Banbury Park provides an environment that supports resident rights and safe care. Details relating to the Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. Staff demonstrate an understanding of resident’s rights and obligations. A Māori health is documented for the service.

The service supports culturally safe care delivery to all residents. Residents receive services in a manner that considers their dignity, privacy, and independence. 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 well-documented. A complaints management policy includes information on access to advocacy and complaint support systems.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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Services are planned, coordinated, and are appropriate to the needs of the residents. The organisational strategic plan informs the site-specific operation milestones and quality objectives which are reviewed on a regular basis. The service has an effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality and risk performance is reported across various meetings. Banbury Park collates clinical indicator data and benchmarking occurs within the organisation and at a national level.

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. The organisational staffing policy aligned with contractual requirements and included skill mixes. A comprehensive orientation programme is implemented. Staff have performance appraisals completed as scheduled.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans were individualised and based on the residents' assessed needs. Interventions were appropriate and evaluated promptly.

There is a medicine management system in place. The organisation uses an electronic system for prescribing and administration of medications. The nurse practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

Residents' nutritional and cultural requirements are met. A current food control plan is in place.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

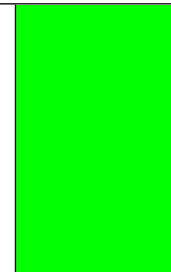


Subsections applicable to this service fully attained.

The building has a current warrant of fitness. A maintenance plan is adhered to, and all equipment is tagged, tested, and calibrated as scheduled. There have been no changes made to the facility since the previous audit.

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

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



Subsections applicable to this service fully attained.

The infection control programme is supported by the governance body and is reviewed annually. Education is routinely provided in relation to infection control.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. A monthly surveillance infection control report is completed with analysis and benchmarking. There has been one outbreak recorded and reported on since the last audit.

## 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.

The service provides a restraint-free environment, this is supported by the governing body and policies and procedures. There were no residents requiring restraint at the time of audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

## 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	19	0	0	0	0	0
Criteria	0	50	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Banbury Park has a Māori health policy, a Māori health plan, and a Māori engagement framework, which collectively outlines how the facility responds to the cultural needs of Māori residents, and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi.</p> <p>On the day of audit, there were residents who identified as Māori. A review of the cultural aspect of the care plan showed that care is provided equitably and Māori mana motuhake is recognised through goal settings.</p> <p>Nine staff (two registered nurses [RNs], including one unit coordinator, six healthcare assistants [HCAs], and maintenance lead) and two managers (facility nurse manager, and the clinical nurse manager [CNM]) confirmed that the staff have completed cultural safety training and are proficient in discussing principles of Treaty of Waitangi and applications within their roles. The clinical support services manager for Qestral participated in the audit process.</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>	FA	<p>The service has a current Pacific People’s policy which includes the Pacific health plan. These documents guide staff on how Pacific people who engage with the service are supported. During the audit, there were staff who identified as Pasifika, and no Pacific residents at the facility. Staff</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>demonstrated an understanding of Pacific culture, its relevance to their policies, and were knowledgeable about how to access community support for Pacific individuals when admitted to care.</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>A welcome package is provided that contains details about the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code), and there is an opportunity for residents and their family/whānau to discuss aspects of the Code during the admission process. Interviews with five family/whānau (one hospital, two dementia and two rest home) and three residents (one hospital and two rest home) stated that they understand their rights.</p> <p>Posters in large print featuring the Code and information on advocacy are prominently displayed across the facility in both English and te reo Māori. Both residents and family/whānau are briefed on the extent of services provided and any financial responsibilities for services not covered under the scope; all of which are detailed in the service agreement. Staff interviewed were knowledgeable about the Code and reported that they supported residents to know and understand their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Banbury Park has implemented a comprehensive training program for all staff, focusing on sensitivity, ethics, and the importance of maintaining professional boundaries. This training is updated regularly to address emerging issues and reinforce the facility's zero-tolerance policy towards any form of abuse or discrimination. The effectiveness of this training is evident in the consistently positive feedback from resident and family/whānau satisfaction surveys, which highlight the respectful, compassionate care provided by the staff.</p> <p>Monthly resident meetings provide a platform for voicing concerns and suggestions directly to management. Resident meetings have been instrumental in promoting a culture of openness and mutual respect, further</p>

		<p>ensuring that the rights and dignity of all residents are upheld. These measures, alongside the policies and procedures already in place, demonstrate the facility's ongoing commitment to creating a safe, inclusive environment that respects the dignity and rights of all individuals in its care.</p> <p>Systems are established to oversee the personal finances of residents. Interviews with residents and family/whānau indicate that resident's financial and property rights are upheld, and professional boundaries are consistently observed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA), where this has been activated. All documentation regarding EPOA, and activation is on file, as evidenced in the resident's files in the dementia unit.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or</p>	FA	<p>The complaints procedure is an equitable process that is provided to all residents and relatives on entry to the service. The facility nurse manager has overall responsibility for ensuring all complaints (verbal or written) are fully documented and investigated. Banbury Park has an up-to-date complaint register. Concerns and complaints are discussed at relevant meetings.</p> <p>There have been four complaints made in 2024 and seven complaints in 2025 year to date. There were trends around care delivery identified in the 2024 complaints. The service has implemented a range of corrective action</p>

<p>escalate complaints in a manner that leads to quality improvement.</p>		<p>plans. A complaint made to Health New Zealand in November 2024 has been investigated by Qestral and Health New Zealand, and corrective actions were implemented in relation to pain management, the food services, and shared goals of care. The complaint was closed in December 2024 by Health New Zealand.</p> <p>One concern raised in April 2025 by a clinical nurse specialist from Health New Zealand has been addressed. The concerns were addressed and closed off in May 2025 after a meeting with Health New Zealand.</p> <p>There were two other external complaints in 2025; one complaint was made through the Health and Disability Commissioner (HDC) office in April 2025, and the service is responding to a request for documentation. A complaint made to HDC in August 2025 was closed on 25 August 2025 (letter sighted).</p> <p>A review of the complaint register showed that all complaints were managed in accordance with the Health and Disability Commissioner (HDC) guidelines. All concerns were addressed promptly, and resolution was documented. Where corrective actions were identified to improve the service, these were implemented and reported on.</p> <p>Residents, and family/whānau stated that they have a variety of avenues they can choose from to make a complaint or express a concern, including the monthly resident meetings. Interviews with the management team confirmed their understanding of the complaints process. Document review and staff interviews confirmed that the complaints process will work equitably for Māori and support is available (when required). There is an understanding that face to face meetings with family/whānau are preferred in resolving any issues for Māori.</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>FA</p>	<p>Banbury Park is a purpose-built care facility within a new village in Christchurch. Banbury Park opened its dual-purpose unit in May 2023 and the dementia unit in September 2023. The facility is across one level and includes a total of 61 dual-purpose (hospital and rest home) care suites across four wings. Two wings of 20 larger care suites have been verified as suitable as double rooms for couples; however, the service only intends to have a total of three couples across these rooms. There is also a 20-bed dementia unit (Banbury House). The total bed number is 81.</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>On the day of audit, there were 77 residents. Twenty-nine hospital level residents (including two residents on an end-of-life contract [ EOL], one resident under the age of 65 on a ‘close in age and need’ funding; 28 rest home, including three on respite care, and one resident under the age of 65 on a ‘close in age and need’ contract; and 20 residents at dementia level of care. All other residents were under the age-related residential care (ARRC) contract. There were no couples sharing care suites.</p> <p>The Governance Board consists of seven Board members, including three who are on the executive management team. The Board meets two-monthly. The clinical operations manager who is a registered nurse, holds overall responsibility for clinical governance and meets weekly with Qestral facility managers. A clinical operations managers’ report and health and safety report is tabled at each of the Board meetings to ensure compliance with legislative, contractual, and regulatory requirements.</p> <p>The facility nurse manager (a registered nurse) reports to the clinical operations manager. The Banbury Park annual business plan (2024- 2025) has clearly identified their mission, services, and values which link to the strategic direction of Qestral Ltd. Identified goals are regularly reviewed with outcomes reported. Barriers that may impact equitable service delivery is addressed in the business plan to ensure positive outcomes for Māori.</p> <p>The annual quality and risk management programme reflects evidence of regular compliance and risk reporting to the Board that aligns with operational goals. Outcomes and corrective actions are shared and discussed in the range of meetings, that take place across the organisation. The clinical support manager supports the facilities, coordinates the education schedule, and oversee the implementation of the quality framework.</p> <p>The facility nurse manager has previous experience as a clinical nurse manager and been in their role since March 2024. The clinical nurse manager role has been vacant in March 2025 and June 2025, and the facility nurse manager has taken responsibility for day-to-day operations and clinical oversight. A temporary clinical nurse manager fulfilled the role till July 2025 whilst the role was advertised. A newly appointed clinical nurse manager has been in their role for three weeks. They have experience as a clinical manager in aged care for more than three years. A resident services manager supports the team to assist with operational matters and a unit</p>
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		<p>coordinator that assists with clinical oversight.</p> <p>The managers have maintained at least eight hours of professional development activities each related to their respective roles.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Banbury Park is implementing a quality and risk management programme. This includes performance monitoring through internal audits, satisfaction survey results and through the collection, collation, and analysis of clinical indicator data. Benchmarking occurs internally by comparing data. Results are discussed in the quality improvement/staff and RN meetings and at handover.</p> <p>Monthly quality improvement/staff meetings, and RN meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and the collection/collation of data take place as scheduled. Corrective actions are documented where indicated to address service improvements, with evidence of progress and sign off by the facility nurse manager or clinical nurse manager when achieved. Meeting minutes and quality results data are posted on a noticeboard, located in the staff room. Corrective actions are discussed in staff meetings to ensure any outstanding matters are addressed, which are signed off when completed.</p> <p>The quality improvement register evidenced the monitoring of recommendations and corrective actions to improve service delivery related to previous complaints, including the implementation of shared goals of care; pain assessments for residents in the dementia unit; improved clinical oversight with a roster review; improving the food service; and continuing improving staff knowledge related to dementia.</p> <p>The 2024 resident satisfaction survey and family/whānau survey indicate that both residents and family/whānau are satisfied with the services being provided at Banbury Park. A food survey was conducted in February 2025 following the outsourcing of food services in September 2024 to an external contractor. Results evidence an overall improvement in the quality and presentation of the food. Results have been communicated to residents in resident meetings (meeting minutes sighted).</p>

		<p>A health and safety system is in place. The health and safety team meets monthly. There are seven health and safety representatives who have received health and safety training. Health and safety notices are posted on a noticeboard in the staff room. Hazard identification forms and an up-to-date hazard and risk register were sighted. Each hazard is risk rated with controls put into place. Hazards are regularly monitored. Health and safety is a regular agenda item in staff/quality and RN meetings.</p> <p>Electronic reports are completed for each incident/accident. Immediate actions are documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Each event involving a resident, triggers a clinical assessment and the timely follow up by a registered nurse. Opportunities to minimise future risks are identified by the clinical nurse manager in consultation with RNs and healthcare assistants.</p> <p>Discussions with the facility nurse manager and clinical nurse manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT of notifiable events. There were notifications made to the Health Quality and Safety Commission (HQSC). There has been a Covid-19 infection outbreak in July 2025.</p> <p>The Ombudsman OPCAT inspection was completed in February 2025 for the dementia unit, and the comments were favourable.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-</p>	FA	<p>Rosters implement the staffing rationale described in policy. Banbury Park employs a total of 80 staff in various roles. There are no current staff vacancies. Staffing rosters were sighted, and there are staff on duty to meet the resident's clinical and cultural needs. Staff reported that short notice absences are filled with the casual staff or their own staff. Agency staff are used as a last resort. The clinical nurse manager, unit coordinator and facility nurse manager work Monday to Fridays. The clinical nurse manager and unit coordinator share on call after hours for all clinical matters. The facility nurse manager is available to answer any operational calls. In the absence of the facility nurse manager, the resident services manager will assume the operational responsibilities.</p>

<p>centred services.</p>	<p>A recent roster review was completed, where the skill mix in the dementia unit has improved with implementing a rotating roster for level 4 HCAs to work between the dual-purpose unit and the dementia unit. Staff reported the roster review has made a significant change to timely reporting of incidents, improved clinical oversight, and staff cohesion.</p> <p>Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed and as observed. Staff interviewed stated the staffing levels are satisfactory, and that the management team provide good support. Staff, residents and family/whānau are informed of any changes to staff. New staff are introduced to residents and family/whānau. There is 24/7 RN cover.</p> <p>There is an experienced comprehensive registered nurse allocated to work in the dementia unit on morning shifts, and another RN covers the weekend. The registered nurse in the dual-purpose unit supports the dementia unit in the afternoons and on night shift. There is at least one medication competent HCA on each shift that also acts as a team leader for the dementia unit. The roster for the dementia unit evidence sufficient HCA workforce allocated to each shift.</p> <p>The clinical support manager (interviewed) oversees the Qestral education needs, training topics, and implementation of the schedule. All staff complete role specific training that includes e-learning, case studies, reflective practice, face to face training with speakers, and webinars. There is an annual education and training schedule completed for 2024 and being implemented for 2025. There is an extensive training programme within the service, characterised by comprehensive records, and a high rate of participation. This reflects a significant dedication to fostering staff development and enhancing competencies. The training programme included clinical training on different subjects, and training around the Code; infection control; restraint elimination; staff wellbeing; bullying and harassment; elder abuse and neglect, dementia related topics, Code of Rights, medication management; te reo Māori; tikanga Māori; Te Tiriti o Waitangi; cultural diversity, challenging behaviour and responding to distressed residents; infection prevention and control; and outbreak management.</p> <p>A range of annual competencies are completed in relation to moving and handling, restraint, hand hygiene, correct use of personal protective</p>
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		<p>equipment (PPE), and medication competencies.</p> <p>Banbury Park supports all staff to transition through the New Zealand Qualification Authority (NZQA) Certificate for Health and Wellbeing. There are 51 healthcare assistants and 80 percent of the HCAs have achieved NZQA level 3 or above. There are 28 HCAs and one DT working in the dementia unit, and 6 completed the related dementia standard training. There are 22 HCAs currently enrolled to complete their relevant qualification within the timeframe required.</p> <p>There are 11 registered nurses (including the clinical nurse manager); 10 of whom are interRAI trained. All registered nurses have completed the required competencies, including wound competencies and syringe driver training. Registered nurses are supported with external training sessions.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Six staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking, and completed orientation. The Qestral core orientation/induction programme includes key components of the service and provides new staff with relevant information for safe work practice. The previous finding related to orientation records has been addressed. It is tailored specifically to each position and monitored from the e-learning platform. Employment records included signed code of conduct and house rules.</p> <p>A register of practising certificates is maintained for all health professionals, including (but not limited to) registered nurses, nurse practitioners, physiotherapists, pharmacists, dietitian, and podiatrist. The staff files reviewed evidenced annual appraisals are completed as scheduled.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p>	FA	<p>Six files were sampled and identified that initial assessments and initial care plans were resident centred and were completed in a timely manner. The files reviewed included two rest home, including one on respite care, and one on a 'close to age and need' contract; two hospital, including one on end-of-life care; and two at dementia level of care.</p> <p>InterRAI assessments were completed within 21 days of admission in the files, including for the two residents on a 'close to age and need' contract.</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>The resident on respite care had appropriate risk assessments and an initial care plan completed within 24 hours of admission. The residents on end of life had appropriate assessments completed with weekly reviews. Care plans are based on data collected during the initial nursing assessments, and information from pre-entry assessments. The service uses assessment tools that include consideration of residents lived experiences, cultural needs, values, and beliefs. Interventions were resident focussed and provide detail to guide staff in the management of each resident's care, as observed on the day of audit. Residents in the dementia unit have a behaviour plan in place, with a description of the resident's current abilities, level of independence, identified needs/deficits, habits, routines, and behavioural characteristics, and the best way to manage these over a 24-hour period.</p> <p>Nursing care is undertaken by appropriately trained and skilled staff, including the nursing team and care staff. Resident, family/whānau, and the general practitioner involvement is encouraged in the development of the plan of care. Resident care is evaluated on each shift and reported at handover. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments, and when there is a change in the resident's condition. The registered nurses document evaluations. Evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>The general practitioner or nurse practitioner (GP or NP) visits weekly and is available as required. A second nurse practitioner from the same contracted practice is available on call for the residents. The GP or NP has completed the residents' medical admissions within the required timeframes and conduct medical reviews promptly. Completed medical records were sighted in all files sampled. The general practitioner interviewed confirmed that communication was conducted in a transparent manner, medical input was sought in a timely, logical manner, and medical orders were followed appropriately. Residents' files sampled identified service integration with other members of the health team. The contracted podiatrist visits the service every six to eight weeks. The physiotherapist attends one day a fortnight and completes mobility assessments for residents.</p> <p>The registered nurses reported that sufficient and appropriate information is shared between the staff at each handover. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Wound management plans were implemented with regular</p>
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		<p>evaluation of these, including photographs. The wound care nurse specialists were consulted when required. An adequate supply of wound care products was available. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken when this was required. At the time of audit, there was one chronic diabetic ulcer managed. There were no residents with pressure injuries. Other wounds included skin tears, and grazes or abrasions.</p> <p>Where progress was different from expected, the service, in collaboration with the resident or enduring power of attorney (EPOA) and family/whānau, responded by initiating changes to the care plan. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. Enduring power of attorneys, family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>A suite of monitoring charts was in use, including (but not limited to) fluid balance charts; intentional rounding; weights; turn charts; behaviour, bowel charts; neurological observations forms; restraint; and blood glucose monitoring. All charts were maintained as per care plan instruction.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. A safe system for medicine management is in use. Registered health professionals operating within their role and scope of practice are responsible for the prescribing, dispensing, administration, review, and reconciliation of all medicines. Administration records were maintained. Medications are supplied to the facility from a contracted pharmacy. The GP/NP has completed three-monthly medication reviews, as sighted in medication records reviewed.</p> <p>A total of 12 medication charts (including one paper chart) were reviewed. Allergies were indicated, and the photographs on the electronic medication management system were current. Indications for use were documented for pro re nata (PRN) medications. The effectiveness of PRN medications was consistently documented in the electronic medication management system and progress notes. Medication with a short shelf life were consistently dated on opening, or discarded within required timeframes.</p>

		<p>Medication reconciliation is conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system. Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Expired or unwanted medicines were appropriately stored pending collection by the pharmacy. Expired medicines were being returned to the pharmacy promptly. Monitoring of medicine fridges was being conducted daily, and all temperatures checked were within required ranges.</p> <p>Medications were observed to be administered safely and correctly. Medications were stored safely and securely in the trolley, locked treatment rooms, and cupboards in all two medication rooms. There were three residents self-administering medication on the day of the audit. Policy and procedures for self-administration of medication including assessment, review, and the provision of safe storage were in place. The facility nurse manager explained the process of assessing a resident's competency, should they wish to self-administer their medications. Standing orders are not used, and vaccines are not kept on site.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The provider outsources their food service to an external contractor since September 2024. The preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary information and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. Residents and family/whānau interviewed confirmed the kitchen team accommodate residents' requests. There is a verified food control plan to 30 January 2026. The residents and family/whānau gave satisfactory reviews regarding the standard of the meals served.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p>	FA	<p>There is a documented process in the management of the early discharge/unexpected discharge plan and transfer from services. Discharges are overseen by the clinical team who manage the process until discharge. This is conducted in consultation with the resident,</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>		<p>family/whānau, and other external agencies. Risks are identified and managed as required.</p> <p>Evidence of residents who had been referred to other specialist services, such as wound care nurse specialists, were sighted in the files reviewed. Residents and family/whānau are involved in all transfers or discharges to and from the service, and there was sufficient evidence in the residents' records to confirm this.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Banbury Park and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices.</p> <p>There is a current building warrant of fitness for the dual-purpose centre and special care unit (dementia unit). There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. The maintenance person provides after hours support for maintenance issues as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected range.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>There is an approved fire evacuation scheme for the dual-purpose care centre dated March 2023, and a separate evacuation scheme approval letter for the dementia unit dated 28 September 2023. The previous finding related to the evacuation scheme letter for the dementia unit, has been addressed.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control programme is appropriate for the size and complexity of the service. The programme is linked to the quality improvement programme and approved by the governing body. The infection control policies were developed with input from infection control specialists, and these comply with relevant legislation and accepted best practice. The infection control programme is reviewed annually by the clinical operations manager and clinical support manager in collaboration with the clinical nurse managers.</p> <p>A review of staff training records evidenced that staff mandatory infection control and prevention related training was up to date, with a high number of staff attending. Staff have received education in infection control at orientation and through ongoing annual online education sessions. Additional staff education around the prevention and management of infectious outbreaks is ongoing. The training includes reminders about hand hygiene and advice around ensuring residents remain in their room if they are unwell. Staff who were interviewed demonstrated a good understanding of infection control and prevention measures.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The infection surveillance programme is tailored to the facility's size and service complexity, with thorough monitoring and management of infections. Monthly data on various infections, including those affecting the urinary tract, skin, eyes, respiratory system, and wounds is meticulously collected, based on signs, symptoms, and infection definitions. This information is logged into an electronic infection register and detailed in a monthly infection summary, where infections, including specific organisms, are reviewed. Subsequently, action plans are formulated and executed, which is also analysed monthly and annually for trend identification. Additionally, the infection control data captures information on ethnicity. Any infections of concern are reported to the clinical governance.</p> <p>The facility experienced one Covid-19 outbreak since the previous audit. A document review evidenced case logs, appropriate reporting and debrief meetings. Residents and family/whānau were updated regularly during the outbreak. Staff have received training in relation to infection, including donning and doffing of personal protective equipment and hand hygiene.</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>Maintaining a restraint-free environment is the aim of the service. The restraint group is responsible for the restraint elimination strategy and for monitoring restraint use in the organisation. The restraint coordinator is a registered nurse and confirmed that the service is committed to a restraint-free environment. The service has effective strategies in place to eliminate the use of restraint. These include training and the planning of care. At the time of the audit, no restraint was in use or had been for an extended period.</p> <p>Staff complete restraint minimisation training as part of their orientation and annual mandatory education schedule.</p>

## Specific results for criterion where corrective actions are required

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

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

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

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

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

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

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

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End of the report.