

Masonic Care Limited - Eileen Mary Care

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:

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| Legal entity: | Masonic Care Limited |
| Premises audited: | Eileen Mary Care |
| Services audited: | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care) |
| Dates of audit: | Start date: 2 September 2025 End date: 3 September 2025 |
| Proposed changes to current services (if any): | None |
| Total beds occupied across all premises included in the audit on the first day of the audit: 56 | |

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

| Indicator | Description | Definition |
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|  | 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 |
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| | 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

Eileen Mary Care is part of the Masonic Care Group and provides hospital services - medical and geriatric, and rest home level of care for up to 58 residents. On the day of the audit, there were 56 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Health New Zealand - Te Whatu Ora. The audit process included a review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau, staff, nurse practitioner, and management.

The facility manager is experienced and is supported by the Board of Trustees, a general manager, clinical nurse lead, and a team of clinical and non-clinical staff. Interviews with residents, family/whānau and the nurse practitioner were all positive and complimented the management and staff for providing a resident-centred service for the community.

This certification audit identified shortfalls around communication, advance care planning, and the environment.

A continuous improvement has been awarded in respect of cultural awareness in supporting Māori in their aspirations.

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.

Some subsections applicable to this service partially attained and of low risk.

Eileen Mary Care provides an environment that supports resident rights and safe care. Management and staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. A Pacific health plan is also in place.

Residents receive services in a manner that considers their dignity, privacy, and independence. The management and staff listen and respect the voices of the residents and communicate with them about their choices. Care plans accommodate the choices of residents. Details relating to the Health and Disability Commissioner's Code of Health and Disability Services Consumers Rights are included in the information packs given to new or potential residents and family/whānau.

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

Hunga mahi me te hanganga | Workforce and structure

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

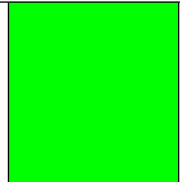
Subsections applicable to this service fully attained.

A Board of Trustees governs the service. Services are planned, coordinated, and are appropriate to the needs of the residents. Eileen Mary Care has a documented quality and risk management system. A robust health and safety programme is implemented, and hazards are reviewed on a regular basis.

There are human resources policies including recruitment, selection, orientation, staff training, and development. There is an in-service education/training programme covering relevant aspects of care and support, and external training is supported. Competencies are maintained. The staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

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

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| 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 facility manager and clinical nurse lead efficiently manage the entry process to the service. There was an electronic system for monitoring entry to services. Residents were assessed before entry to the service to confirm eligibility.

The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrate individualised care. Files reviewed demonstrated care meets the needs of residents and that these have been evaluated on a regular and timely basis.

Residents were supported to maintain and develop their interests and participate in meaningful activities, both in the service and in the community. Activities plans were completed in consultation with residents and their family/whānau. The planned activity

programme provides residents with a variety of individual and group activities. There are adequate resources to undertake activities at the service.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed meets prescribing requirements and are reviewed at least three-monthly by the general practitioner or nurse practitioner.

Residents' food preferences and dietary requirements are identified at 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 are being met. The service has a current food control plan.

Residents are reviewed regularly and referred to specialist services and to other health services as required.

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

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| 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. | | Some subsections applicable to this service partially attained and of low risk. |
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The facility meets the needs of residents and was clean and maintained. The building holds a current warrant of fitness. Electrical and biomedical equipment has been checked and assessed as required. Internal and external areas are accessible and safe. External areas have shade and seating provided and meet the accessibility needs of residents. There are sufficient communal toilets and showers with appropriate signage.

Resident rooms are personalised. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid

certificate. All resident rooms have call bells, which are within easy reach of residents. Residents and family/whānau report timely response to call bells.

Security checks are performed by staff and a community neighbourhood watch.

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

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| Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance. | | Subsections applicable to this service fully attained. |
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Infection prevention and control management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection prevention control programme is implemented and meets the needs of Eileen Mary Care and provides information and resources to inform the service providers. Documentation evidenced that relevant infection prevention and control education is provided to all staff as part of their orientation and ongoing in-service education programme. Infection prevention and control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events.

The service has a robust pandemic and outbreak management plan in place. The internal audit system monitors for a safe environment. There have been outbreaks reported since the previous audit.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

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| Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained. | | Subsections applicable to this service fully attained. |
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The service has reduced their use of restraint and are working towards restraint elimination. This is supported by the governing body and policies and procedures. There was one resident using restraint at the time of audit. An assessment, approval, and monitoring process, with regular reviews is in place. A suitably qualified restraint coordinator, who is a registered nurse, leads the process. Staff receive education in the management of challenging behaviour, de-escalation strategies, and alternative interventions to restraint.

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 | 26 | 0 | 3 | 0 | 0 | 0 |
| Criteria | 1 | 172 | 0 | 3 | 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 |
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| <p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p> | <p>FA</p> | <p>A Māori health plan is documented for the service. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The Māori health plan includes commitment to the concepts of Te Whare Tapa Whā Māori model of health, and the provision of services based on the principles of mana motuhake. Eileen Mary Care is committed to respecting self-determination, cultural values, and beliefs of Māori residents and whānau. There were residents who identified as Māori at the time of the audit. There are clear processes to include tikanga in everyday practice and training for staff. All staff have completed training around Te Tiriti o Waitangi.</p> <p>There is an established relationship with the local iwi Ngāti Kahungunu and Rangitāne, who provide day to day guidance to Eileen Mary Care staff regarding cultural practices, providing interpreting support as required to meet the needs of the residents and their family/whānau. Residents and family/whānau at Eileen Mary Care engage in providing input into the resident's care planning, their activities, and their dietary needs. The service can also access kaumātua from Health New Zealand - Te Whatu Ora for support and guidance. Cultural assessments are completed for residents who identify as Māori when admitted.</p> |

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| | | <p>Masonic Care Limited focuses on recruitment practices which includes building a diverse workforce that meets the needs of the residents receiving care and support. The facility manager stated that they support increasing Māori capacity within the workforce and will employ Māori applicants when they do apply for employment opportunities at Eileen Mary Care. At the time of the audit there were staff who identified as Māori. Eileen Mary Care evidence commitment to a culturally diverse workforce, as demonstrated in the Māori health plan.</p> <p>The service has signage throughout in te reo Māori, and the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in te reo Māori and English, with pamphlets available.</p> <p>Interviews with fifteen staff (four caregivers, four registered nurses, two activity coordinators, one kitchen manager, one kitchen hand, one laundry assistant, one cleaner, one maintenance manager) and three managers (facility manager, Masonic general manager, clinical nurse lead) and documentation reviewed described how care is based on the resident's individual values and beliefs.</p> <p>A continuous improvement is awarded for the positive outcomes in supporting Māori in their aspirations.</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>A Pacific health plan is documented that focuses on upholding the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality health care. The plan addresses equity of access, reflecting the needs of Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of Pasifika. On admission all residents state their ethnicity. There were no residents identifying as Pasifika during the audit.</p> <p>Although there were no Pacific residents at the time of the audit, registered nurses interviewed explained family/whānau would be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs.</p> |

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| | | <p>Individual cultural beliefs are documented in the resident’s care plan and activities plan. The facility manager and clinical nurse lead stated Pacific peoples’ cultural beliefs and values, knowledge, arts, morals, and identity are respected.</p> <p>The facility manager described how Eileen Mary Care continues to provide equitable employment opportunities for the Pacific community. There were staff that identified as Pasifika at the time of the audit. Eileen Mary Care has links with the local Pacific community through staff linkages to ensure connectivity within the region. Code of Rights are accessible in Tongan, Samoan and other Pacific languages when required.</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 the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers’ Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The facility manager and clinical nurse lead discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English, te reo Māori and sign language.</p> <p>Discussions relating to the Code are held during the resident meetings. Six residents (two hospital and four rest home), and three rest home family/whānau interviewed reported that the service is upholding the residents’ rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. Other formats are available online. There are links to spiritual support documented in the policy. The service recognises Māori mana motuhake, and this is reflected in the Māori health plan that is in place.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers’ Rights (the Code) at 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</p> |

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| | | complaints process. Staff completed training on advocacy services in August 2025. |
| <p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p> | FA | <p>Caregivers interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over and choice over activities they participate in. Eileen Mary Care training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collaborative in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>It was observed that residents are treated with dignity and respect. Interviews with family/whānau confirmed that residents and family/whānau are treated with respect.</p> <p>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. There were no married couples receiving services at the time of the audit. Staff were observed to use person-centred and respectful language with residents.</p> <p>Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement, and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available.</p> <p>Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. The facility manager, clinical nurse lead, and staff have completed training related to te ao Māori as part of their orientation and ongoing as part of the roles. They were observed actively promoting te reo Māori in the workplace. Cultural</p> |

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| | | <p>awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, and cultural competency. The activity coordinators confirmed that the service actively supports te ao Māori by identifying needs and aspirations, which include the physical, spiritual, family/whānau, and psychological health of the resident.</p> |
| <p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p> | <p>FA</p> | <p>An abuse and neglect policy is being implemented. Eileen Mary Care policies prevent any form of discrimination and acknowledge impact of institutional racism on Māori wellbeing. Cultural days are held to celebrate diversity. Policies guide staff on how to address the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. 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.</p> <p>Staff have been provided with education on how to identify abuse and neglect (June 2025). All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' finances. Professional boundaries are defined in job descriptions.</p> <p>Interviews with the registered nurse and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Meeting minutes reviewed evidence a supportive working environment that promotes teamwork. Eileen Mary Care promotes a holistic Te Whare Tapa Whā model of health, which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents including Māori.</p> |
| <p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> | <p>PA Low</p> | <p>Information about the facility and services offered is provided to residents and family/whānau on admission. The information pack reviewed that is provided to residents and family/whānau on admission, includes information on the Code, advocacy services, and</p> |

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| <p>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 who use our services and effectively communicate with them about their choices.</p> | | <p>complaints. Resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident; communication is also documented in the progress notes. However, not all accidents/incidents reviewed had evidence that next of kin had been notified.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English. 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 residents and family/whānau are informed prior to entry of the scope of services, and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand -Te Whatu Ora specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services. The clinical nurse lead and registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed through meeting, emails, and newsletters.</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</p> | <p>PA Low</p> | <p>There are policies around informed consent. Eight resident files reviewed included informed consent forms signed by either the resident or their enduring power of attorney (EPOA). Consent forms for Covid-19 and influenza vaccinations were also on file where appropriate. Residents and family/whānau could describe what informed consent was and their rights around choice. There is an</p> |

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| <p>access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p> | | <p>advanced directive policy.</p> <p>In the files reviewed there were appropriately signed resuscitation plans; however, advance directives were inconsistently completed. The service follows relevant best practice tikanga guidelines welcoming the involvement of whānau in decision making, where the person receiving the services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all files sampled. Copies of EPOAs or welfare guardianship were in resident files where applicable. Where the EPOAs are activated, a medical letter of incapacity were on file.</p> |
| <p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p> | <p>FA</p> | <p>The complaints procedure is provided to residents and family/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register. There have been five internal complaints received since last audit and all of them were in 2025. Corrective action plans are created when required to ensure learnings occur when gaps are identified in service delivery. All the complaints were documented as resolved to the satisfaction of the complainant. Follow up and resolution letters link to the national advocacy service.</p> <p>There has been one external complaint received. The October 2024 complaint was a multi-agent complaint involving HDC, Coroner and Health NZ. Complaint response was sent to HDC by Health NZ November 2024, who then continued to work with Eileen Mary Care on quality improvements and corrective actions that were signed off in February 2025. The corrective actions implemented by Eileen Mary Care (sighted), have been robust to minimise the risk of similar events occurring in the future.</p> <p>All complaints received and subsequent corrective actions have been shared with staff in the quality and staff meetings. Review of documentation and interview with the facility manager confirmed that complaints are discussed at Board level. Access to complaints forms is located at the entrance and in visible places throughout the facility, or on request from staff. Residents have a variety of avenues they can</p> |

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| | | <p>choose from to make a complaint or express a concern. Resident meetings provide opportunities where concerns can be raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English.</p> <p>Interview with the facility manager and documentation reviewed demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner. Interviews with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The facility manager acknowledged their understanding that for Māori, there is a preference to include whānau participation and face to face meetings.</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> | FA | <p>Eileen Mary Care, located in Dannevirke, is one of seven facilities owned and operated by Masonic Care Limited. The service provides hospital (medical and geriatric) and rest home level care for up to 58 residents, with all beds dual purpose. At the time of audit, there were 56 residents: 32 at rest home level (including one on Accident Compensation Corporation respite) and 23 at hospital level (including three under Mana Whaikaha). The remaining residents were under the age-related residential care (ARRC) agreement. All rooms are single occupancy.</p> <p>Masonic Care Limited is governed by a Board of Directors, supported by a chief executive and general manager who report monthly on financial, operational, and clinical performance. The five-year strategic plan is reviewed annually, with progress against goals discussed at Board meetings. The organisation's model of care incorporates the Māori health framework Te Whare Tapa Whā. Directors bring governance, financial, operational, and health sector expertise, with cultural training completed in Te Tiriti, health equity, and cultural safety.</p> |

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| | | <p>Orientation for new directors is tailored to sector knowledge and governance experience.</p> <p>Representation from Waiwhetu Marae and Kokiri Marae Keriana Olsen Trust provides cultural advice and guidance, ensuring practices are holistic, inclusive of cultural identity and spirituality, and centred on family/whānau connections to enhance wellbeing and equity for Māori and tāngata whaikaha.</p> <p>Masonic Care Limited has a Clinical Governance Group (CGG) that meets monthly and reviews facility-level clinical outcome reports. Membership includes the chief executive, general manager, quality coordinators, clinical nurse managers/leads, and facility managers. A newly appointed quality coordinator/data analyst supports real-time benchmarking, dashboards, and linking clinical outcomes with demographic and ethnicity data. The CGG advises the Board, develops quality strategies, and works in partnership with Māori to improve service integration and outcomes. At facility level, clinical governance is overseen by the facility manager, clinical nurse lead, and registered nurses with portfolio responsibilities such as infection control and restraint.</p> <p>The facility manager, a registered nurse with over eight years' experience in the role, holds a current practising certificate. They are supported by a clinical nurse lead appointed in January 2025, who has extensive clinical leadership experience locally and overseas. Both managers are supported by the Masonic general manager and an experienced care team. Professional development is maintained, with each completing more than eight hours annually in aged care management, including orientation for the new clinical nurse lead.</p> |
| <p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> | <p>FA</p> | <p>Eileen Mary Care has an established quality and risk management system. The quality monitoring programme is designed to monitor contractual and standards compliance and the service delivery in the facility. Internal audits have been held according to schedule and any corrective actions identified have been followed up and signed off as completed. The electronic quality management system benchmarks the quality data collated. Quality data is reported to the Board in the</p> |

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| <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>monthly facility manager report. There was documented evidence in the staff meetings of discussions held around quality data. Meeting minutes are made available to staff who were unable to attend the meeting. Facility meetings have been held according to schedule.</p> <p>Eileen Mary Care implements a continuous quality improvement approach with service delivery, including critical review of clinical data, benchmarking and identifying opportunities for improvement. A quality improvement project is documented for cultural awareness in relation to Māori accessing care (1.1.1), which demonstrates continuous improvement with improved outcomes for the residents. Other quality improvements that Eileen Mary Care continues to work on include those related to elimination of restraint use, staff training, and environmental renovations to create a homely environment for residents, family/whānau, and staff.</p> <p>Policies and procedures align with current good practice, and they are suitable to support rest home and hospital levels of care. Policies are reviewed a minimum of two yearly, modified (where appropriate) and implemented. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa Standard are processes that provide a critical analysis of practice to improve health equity. Staff and members of the Board have completed cultural training, including Te Tiriti o Waitangi, to ensure all residents are cared for in a culturally sensitive way.</p> <p>Resident and relative satisfaction surveys are conducted. The resident satisfaction survey results from July 2025 and a food specific one in August 2025 have been collated and corrective actions put in place based on the feedback. The resident survey results evidenced over 90% of residents were either satisfied or highly satisfied with the care received. Results from surveys have been shared with staff, residents, and family/whānau. Resident meetings occur quarterly. Minutes reviewed demonstrated issues raised are followed up, with actions being reported back to the meeting.</p> <p>Health and safety policies are implemented and monitored through the monthly meetings. Risk management, hazard control and emergency policies and procedures are in place. There is a health and safety committee, led by the facility manager, has representation from all</p> |
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| | | <p>departments. The facility manager was interviewed about the health and safety programme. The hazard register is maintained by the health and safety committee. There is a risk register in place and is the responsibility of the committee. Hazard identification forms and an up-to-date hazard register were sighted. The service documents incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Incidents and accidents forms are completed for all adverse events. Results are collated, analysed, and included in quality data and in the Board report. Incident data was evidenced as discussed at quality, registered nurse, and staff meetings, and a summary kept in staff areas.</p> <p>Discussions with the facility manager and clinical nurse lead evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 and Severity Assessment Code (SAC) reports to Health Quality and Safety Commission (HQSC) have been completed. There have been outbreaks appropriately documented and reported since last audit.</p> |
| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | <p>FA</p> | <p>There is a staffing policy that describes rostering requirements. The facility manager interviewed, confirmed staff needs and shortages are reported to Masonic general manager. The roster provides sufficient and appropriate coverage for the effective delivery of culturally and clinically safe care 24 hours a day, seven days a week. The service adjusts staffing levels to meet the changing needs of the residents. Review of the current rosters showed shifts were covered by experienced caregivers. There was 24/7 registered nurse cover and support of the clinical and management team. The number of caregivers 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. There are dedicated activities, maintenance, kitchen, laundry, and cleaning staff supporting service delivery.</p> <p>The service contacts own staff and those on the casual pool to cover short notice absences. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and review of meeting minutes. Residents confirm their care requirements are</p> |

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| | <p>attended to in a timely manner.</p> <p>The managers (facility manager, clinical nurse lead) all work full time Monday to Friday. There is shared on-call cover between the facility manager and the clinical nurse lead. Maintenance staff are rostered over five days, with on-call cover by the maintenance manager as required.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff complete cultural awareness training at orientation and ongoing as part of the training schedule. External training opportunities for care staff include training through Health New Zealand and hospice. Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The mandatory training delivered creates opportunities for the workforce to learn about and address inequities.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Eileen Mary Care supports all employees to transition through the (NZQA) Careerforce Certificate for Health and Wellbeing. There are 25 caregivers employed in total. Seven caregivers have achieved level 4, and eighteen have completed level 3 NZQA qualification. A record of completion is maintained on an electronic system and staff files.</p> <p>All staff are required to complete competency assessments as part of their orientation and maintain these annually. Registered nurses' complete specific competencies that include restraint, medication administration, wound care, subcutaneous fluids, syringe driver, and interRAI assessments. Five of eight registered nurses (including clinical nurse lead) are interRAI trained. All registered nurses are encouraged to attend in-service training and complete additional training, including critical thinking; infection prevention and control; and identifying and assessing the unwell resident.</p> <p>All caregivers are required to complete annual competencies, including (but not limited to) restraint, manual handling, cultural safety, and hand hygiene. A selection of caregivers have completed medication</p> |
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| | | <p>administration competencies and second checker competencies. A record of completion is maintained on an electronic system and in staff files.</p> <p>Support systems promote health care and staff wellbeing and a positive work environment. This includes staff welfare that is promoted through provision of regular cultural themed activities and shared meals at staff meetings. Staff participated in an annual employee satisfaction survey and staff interviewed reported a positive workplace.</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> | <p>FA</p> | <p>Human resources policies are in place and include recruitment, selection, orientation, and staff training and development. Eight staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals, including (but not limited to) registered nurses, general practitioner, dietitian, podiatrist, pharmacists, and physiotherapist. There is a policy related to performance review process in place and a performance review schedule maintained by the facility manager. All staff who have been employed for over a year have completed performance reviews on file.</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 and annually. The service demonstrates that the orientation programme supports registered nurses and caregivers to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Management and staff reported they have the opportunity to be involved in a debrief discussion to receive support following incidents. Documentation was submitted that confirmed debrief to ensure wellbeing support is provided. Staff wellbeing is recognised</p> |

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| | | through acknowledging individual staff contributions and participation in health and wellbeing activities. The Employee Assistance Programme is available to staff. |
| <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 are policies and procedures that guide staff in the management of information. Resident files and the information associated with residents and staff are retained and archived. Residents' information is held for the required period before being destroyed. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type. All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Records are uniquely identifiable, legible, timely and met current documentation standards. Signatures that are documented include the name and designation of the service provider.</p> <p>Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The facility manager reported that EPOAs can review residents' records in accordance with privacy laws, and records can be provided in a format that is accessible to the resident concerned. The facility manager is the privacy officer and there is a pathway of communication and approval to release health information.</p> <p>The service is not responsible for National Health Index registration of people receiving services.</p> |
| <p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose 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</p> | FA | <p>Information about the services, accommodation options and costs are outlined in an information pack. Prior to entry, prospective residents and their family/whānau are invited to view the facility. Policies and procedures guide staff in entry criteria and required admission documentation. Policy and process had been followed in all resident files reviewed. Residents and family/whānau interviewed confirmed they were given accurate information about the service, and they felt</p> |

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| <p>care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p> | | <p>welcome. Prospective residents are required to be assessed by the needs assessment and coordination service (NASC) as needing rest home or hospital level care. Residents and family/whānau confirmed staff are respectful and communicate well with them during the admission process. Entry would only be declined if a prospective resident does not meet the entry criteria or if there was no bed available. In this case, they are informed and referred to the NASC team.</p> <p>Eileen Mary Care collect ethnicity data on facility entry and decline rates. This included specific data for entry and decline rates for Māori. Eileen Mary Care has developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility can access support from Māori health practitioners, traditional healers, and other organisations by contacting local Māori health service providers.</p> <p>When admitted, residents had a choice of general practitioner or nurse practitioner to oversee their medical requirements.</p> |
| <p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p> | <p>FA</p> | <p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Eight resident files were reviewed: four residents at rest home level care (including one resident on respite and ACC); and four hospital level residents, including one resident under mana whaikaha funding. An initial assessment is undertaken by a registered nurse on admission, and an initial care plan is developed on the same day. The initial assessment is documented in the electronic system and includes the use of validated assessment tools. Within three weeks of admission, an interRAI assessment is completed and a long-term care plan is developed with input from residents, family/whānau, caregivers, registered nurses, and activities staff. The respite resident had a short-term care plan completed and a full suite of assessments that were required. The mana whaikaha resident had a long-term care plan and full suite of assessments that were required. Their activity plan contained information pertinent to their younger age group and specific needs.</p> <p>The long-term care plans are developed by a registered nurse and are holistic, covering physical needs, assistance required with activities of</p> |

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| | <p>daily living, psychosocial and cultural needs, and aspirations, and interventions to address medical conditions. The clinical nurse lead and activities coordinator explained residents who identified as Māori have a Māori health care plan developed in conjunction with the activities coordinator, which describes the support required to meet their needs. Cultural plans reviewed were comprehensively completed and documents the resident's iwi and community linkages in place. The clinical nurse lead described how the service ensures there are no barriers, so all residents have access to information and services required to promote independence. The clinical nurse lead described how they work alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes. Staff interviewed demonstrated their knowledge of tikanga and cultural safety.</p> <p>Resident files are fully integrated with all members of the team contributing to progress notes, including physiotherapist, registered nurses, caregivers, general practitioner, nurse practitioner, podiatrist, and activities staff. The general practitioner or nurse practitioner assesses residents within five days of admission. Residents are then reviewed by the general practitioner or nurse practitioner on a three-monthly routine basis, or more frequently if their condition changes. A nurse practitioner was interviewed and was complimentary regarding the standard of clinical leadership and care delivered.</p> <p>The facility manager and clinical nurse leader rotate afterhours cover. The facility manager has overall responsibility of the facility 24/7. Residents can be referred to a physiotherapist as required. Contact details for family/whānau are recorded on the electronic system. However, review of documentation evidenced that family/whānau and EPOA are not always informed where there is a change in health status (Link 1.6.3). Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of residents in the facility and that they have access to the supplies and products they require to meet those needs. Progress notes are entered daily. Staff receive handover at the beginning of their shift. This was witnessed and found to be comprehensive in nature.</p> <p>Monthly observations such as weight and blood pressure were</p> |
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| | | <p>completed and are up to date. Monitoring of care is completed as required and stated in the care plans and include weight, blood pressure, bowels and food and fluid management. Neurological observations are recorded following all un-witnessed falls as per policy requirements. There was one stage I pressure injury on the day of audit. This was previously stage III. Review of documentation and discussion with the clinical nurse lead evidenced that this had been effectively and appropriately managed.</p> <p>Review of resident care occurs six-monthly. This includes input from the facility manager, clinical nurse lead, activity assistant, caregivers, residents and family/whānau. The care plan is reviewed to ensure the goals are being met and if there are new goals identified, the care plan is updated. Where short-term needs are identified, such as wounds or infections, a short-term care plan is developed and implemented.</p> |
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p> | <p>FA</p> | <p>The activity coordinator has been in the role for five years and comes to Eileen Mary Care with broad experience in aged care activities programme delivery. The activity coordinator is employed for 32 hours per week across four days. Another part-time activities coordinator runs the programme on Mondays. Every Sunday a church service is held led by representatives of churches in the community on a rostered system. The activity programme is supported by a loyal group of volunteers who participate in a range of activities, including tai chi, playing piano, singing, and pet therapy.</p> <p>The calendar is planned monthly, and the activities coordinator can access input by a diversional therapist at another facility if required. The calendar includes chair exercises, art and craft, baking, quizzes, word puzzles, and themed events, such as Kings birthday, Mothers/Father's Day, Matariki, and Waitangi Day. The activity calendar is available on whiteboards whilst the refurbishment is happening, and the walls are being painted. Staff remind residents on the day of the activity programme for the day.</p> <p>Each resident has an activities assessment completed. The assessment is completed with the resident and family/ whānau and used to develop an individualised plan for all residents. The cultural, social, spiritual, and activities section of the long-term care plan is completed within three weeks of admission, and reviewed at least six-</p> |

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| | | <p>monthly at the same time as the long-term care plan is reviewed. The activities coordinator completes resident's social and cultural profile, and includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. The Māori residents' cultural profiles are comprehensive and incorporate the pathway that was followed to re-establish or establish the residents' connections with their iwi. The activity programme provides opportunities to participate in te reo Māori, incorporating Māori language in regular activities, entertainment and singing, participation in Māori language week, and Matariki. The activities coordinators facilitate the monthly kaumātua meetings. This has been a significant programme for residents and has continued to flourish as this has been embedded.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities, have one-on-one visits and activities such as hand massage, hand pampering, book reading and reminisce. During the refurbishment, the activities are taking place in one activity room adjacent to the main entrance. Once the refurbishment is finished, the facility will have the use of another activity room and a dedicated library/quiet space for residents and family/whānau. Residents are encouraged to join in activities that are appropriate and meaningful. There are regular van drives for residents, outings, and regular sessions with entertainers visiting the residents. The activity programme sighted during the audit evidenced high attendance and resident engagement.</p> <p>A newsletter is produced quarterly. This captures past events with information about upcoming events, and is shared with family/whānau and residents. There are regular family/ whānau and resident meetings. Meeting minutes sighted evidenced high attendance. Family/whānau are invited to attend. Family/whānau interviewed confirmed they find the meetings helpful for finding out what is happening in the facility and have an opportunity to provide feedback if necessary. Residents can provide feedback on activities during one-to-one sessions, at the meetings and three/six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</p> |
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| <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>Medication management is safe and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. The registered nurse and caregivers interviewed could describe their role regarding medication administration.</p> <p>Eileen Mary Care uses blister packs for medication for regular use. As required medications are supplied in boxes or bottles. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Medications are stored securely in the medication room. Medication trolleys are locked when not in use. The medication fridges and medication room temperatures are monitored daily. All temperature records reviewed showed that the temperatures are within acceptable ranges. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. Over the counter vitamins, supplements or alternative therapies residents choose to use, are prescribed by the general practitioner and charted on the medication chart. The six-monthly controlled drug physical check and reconciliation has been completed as per required timeframes.</p> <p>Sixteen electronic medication charts were reviewed. The medication charts reviewed confirmed the general practitioner or nurse practitioner reviews all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. There were two residents self-administering on the days of audit. Review of documentation and discussion with the clinical nurse lead confirmed that policy and process were being followed in both instances to ensure this was managed safely. As required medications are administered as prescribed, with effectiveness documented on the electronic medication system and in progress notes. Medication competent caregivers or registered nurses sign when the medication has been administered. There are no vaccines kept on site, and 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 effects. This is</p> |

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| | | <p>documented in the progress notes. The clinical nurse lead described the process to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.</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>All meals are all prepared and cooked on site. An external contractor provides the menu, training, and support for the kitchen team; all of whom are employed by Eileen Mary Care. The kitchen manager (interviewed) works Monday to Friday. They are supported by a part-time cook/kitchen hand and two other kitchen hands. Two part-time "tea cooks" support the team. A review of staff training records evidenced that all kitchen staff have completed a broad range of education/training sessions relating to food handling, including tikanga Māori, tapu and noa.</p> <p>The kitchen was observed to be clean, well-organised and well equipped. A current approved food control plan was evidenced, expiring February 2026. Dry ingredients remain in their original packaging but are dated on opening. The kitchen manager outlined they don't decant to other containers to prevent any mixing of old and new contents. The kitchen manager stated they keep the original label which outlines all ingredients, and if there is a product recall, they can return the packaging in its entirety. Where required, the packaging was enclosed in a container to maintain freshness. The four-weekly seasonal menu has been reviewed by a dietitian in April this year.</p> <p>The kitchen manager receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The kitchen manager is aware of resident likes, dislikes, and special dietary requirements, and resident profiles had been reviewed within the six-monthly resident review process, or as and when required. Alternative meals are offered for those residents with dislikes, or religious and cultural preferences. Residents have access to nutritious snacks at any time of the day or night. On the day of audit, meals were observed to be well presented.</p> |

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| | | <p>The kitchen staff interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. The kitchen manager is familiar with dietary preferences for Māori residents. The kitchen manager and activities coordinator described that the residents and staff partake in a "boil up" on a regular basis, which residents and staff reported they look forward to.</p> <p>The service uses an electronic system to record monitoring of temperatures. Daily records include fridge and freezer temperatures recordings in kitchen and storage areas. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained, as evidenced on completed electronic records. Meals are served directly to residents in the dining room, or taken to residents in other areas of the facility in "hot boxes".</p> <p>Residents were observed enjoying the social aspect of their meals. Staff were observed respectfully assisting residents with meals in the dining areas. Modified utensils are available for residents to maintain independence with eating as required. The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback directly to kitchen staff who mingle with the residents daily post the lunch meal, at resident meetings, or via the resident survey process.</p> |
| <p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and</p> | FA | <p>Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a higher level of care. Discharge and transfer are generally planned processes that are communicated with residents and their family/whānau. Residents/family/whānau are advised of options to access other health and disability services, social support, or Kaupapa Māori agencies if indicated or requested. When residents are transferred to the public hospital, their family/whānau is informed. Relevant documentation is sent with the resident, including a printout of their current medications, care needs, and next of kin details.</p> |

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| <p>coordinate a supported transition of care or support.</p> | | <p>Where residents wish to be or need to be seen by another health service, referral is made. Examples of this were sighted in resident files, including referrals to Health New Zealand, wound specialists, and dietitian. The clinical nurse lead explained a referral is sent with accompanying monitoring record and photos as indicated. Residents attending external appointments are encouraged to be accompanied by their family/whānau. Any risks are communicated to the external health provider by the registered nurse and documented in the file.</p> |
| <p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p> | <p>PA Low</p> | <p>The building holds a current warrant of fitness through to 13 May 2026. Buildings, plant, and equipment are fit for purpose and comply with legislation relevant to the health and disability service being provided; however, the area between the kitchen and laundry requires improvement. The environment is inclusive of peoples' cultures and supports cultural practices. At time of audit a major refurbishment involving many areas of the facility was underway. A comprehensive health and safety programme was implemented to ensure the safety of residents, staff, and all visitors. During the refurbishment, the facility was operating with one dining room and one activities area. Despite the disruption, staff were operating under a business-as-usual manner and working to ensure the impact on residents and visitors was minimal.</p> <p>There is a maintenance manager (interviewed) who works six hours per day, Monday to Friday. They oversee all maintenance within the facility and maintain all garden areas and lawns. An additional maintenance person works two hours per day. The maintenance person completes day to day repairs and planned maintenance. Essential contractors/tradespeople are available 24 hours per day and brought in when required. There is a maintenance request book for repairs and maintenance requests in the nurses' station. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging. Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occurs as per policy. Records reviewed evidenced acceptable temperatures. A corrective action plan was sighted for when anomalies had occurred, and temperatures were above normal. Calibration of medical equipment has occurred as</p> |

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| | <p>planned.</p> <p>The building is a single level with a central courtyard, which provides easy access for residents. There is outdoor furniture and shade available. The facility has wide corridors with handrails for residents to safely mobilise using mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The provider is updating furnishings, floorings, and equipment as part of the refurbishment to meet the needs of the residents. There are no shared rooms. The communal areas and some bedrooms will be recarpeted when the refurbishment is nearing completion. Bathrooms, and service areas have vinyl surfaces. There are adequate/temporary storage areas for mobility equipment.</p> <p>Staff interviewed confirmed they have appreciated the recent purchasing of new equipment which is sufficient to provide the care outlined in the residents' care plans. All resident rooms are single occupancy and are spacious enough to allow residents to move about with mobility aids. Residents and family/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit. The residents interviewed confirmed their privacy was maintained while attending to personal hygiene cares. There is central heating across the facility. All heaters in resident rooms can be individually adjusted to suit individual preferences. All resident rooms have external windows and are well ventilated. The facility has plenty of natural light. All residents interviewed stated they were happy with the temperature of the facility.</p> <p>Furniture is arranged around to create a homely and welcoming environment. Resident bedrooms are a mix of handbasin and toilet and standard rooms, where residents use all communal facilities. There are adequate communal toilets and showers for residents and dedicated staff and visitors' toilets. All rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. The facility has a resident van with current registration and warrant of fitness. The van can accommodate a wheelchair. The provider has ensured that the refurbishment has had a co-design approach to ensure that the changes reflect the aspirations and identity of Māori.</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>Disaster and civil defence plans and policies outline specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand dated 2 September 2007. Fire evacuation drills are held six-monthly and were last completed 25 July 2025. High staff attendance was noted.</p> <p>Civil defence supplies are stored in identified cupboards and checked regularly. In the event of a power outage, emergency lighting provides sufficient lighting until the provider can access generators. There is a service agreement with a national provider for a generator if required (sighted). The kitchen can provide basic support with gas hobs and a barbeque for cooking. There is adequate food supply available for each resident for minimum of three days. The provider has a 1000-litre tank on site, providing sufficient water supplies to provide residents and staff with three litres per day, for a minimum of three days.</p> <p>Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of the maintenance audit. The residents were observed to have their call bells in proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The facility is secured at night by staff. Security lighting is in place. A neighbourhood watch group provides security checks twice each evening, and alerts the staff to any issues (eg, windows left open or unsecured doors). Family/whānau are informed of emergency procedures as part of the admission process for their relative. On interview, staff confirmed an awareness of the process to follow, should an emergency event occur.</p> |

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| <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>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of the Eileen Mary Care quality programme, which is linked to the strategic plan, to ensure the environment minimises the risk of infection to residents, staff, and visitors. Expertise in infection prevention and control and antimicrobial stewardship can be accessed through Health New Zealand and Public Health. Infection prevention and control and antimicrobial stewardship resources are accessible.</p> <p>Any significant events are managed using a collaborative approach involving the infection control team, the nurse practitioner, and the public health team. There is a communication pathway for reporting infection control and antimicrobial stewardship issues to the Board. The infection control coordinators (registered nurse) and clinical nurse lead are informed of any outbreaks, and these are reported immediately.</p> <p>The infection prevention control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service.</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 facility manager and a registered nurse hold the portfolio of infection prevention and control (IPC) coordinators. They lead, oversee, and coordinate the implementation of the infection control programme and antimicrobial stewardship (AMS). Infection prevention and control coordinators, responsibilities and reporting requirements are defined in the infection prevention and control job description. They have access to shared clinical records and diagnostic results of residents. The infection prevention and control coordinators have completed online external education in infection prevention and control for clinical staff.</p> <p>The infection control programme has been approved by the management team and Board. The infection control programme is discussed at infection control meetings. Infection control data is included in the monthly facility manager quality reports, which are discussed at Board level.</p> <p>The infection prevention and control manual include a comprehensive</p> |

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| | <p>range of policies, standards, and guidelines. This includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by the organisational infection control team regularly, to ensure compliance with standards and regulations. Policies are available to staff. The pandemic response plan is clearly documented to reflect the current expected guidance from Health New Zealand. The infection prevention and control coordinators have access to support from the infection control specialist at Health New Zealand, the nurse practitioner and public health team.</p> <p>The infection prevention and control coordinator interviewed described the pandemic plan, and confirmed the implementation of the plan proved to be successful at the times of outbreaks. The infection prevention and control resources were readily accessible to support the pandemic plan if required. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection prevention control policies and practices. The infection prevention and control audits monitor the effectiveness of education and infection control practices.</p> <p>The infection prevention and control coordinators have input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection control resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates.</p> <p>Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. The service has infection prevention and control information available in te reo Māori. The infection prevention and control coordinators and staff are aware of the need to work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed understood cultural considerations related to infection prevention and control practices.</p> <p>Policies and procedures are in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. There</p> |
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| | | <p>are procedures to check these are monitored through the internal audit system. Infection prevention and control is part of facility meetings. The management team described a clear process of involvement, should there be plans for development and ongoing refurbishments of the building, as was the case with the ongoing facility renovations observed at the time of the audit. Infection prevention and control is part of facility meetings.</p> <p>The infection prevention coordinator is committed to the ongoing education of staff and residents, as described in infection control policies. Infection prevention and control is part of staff orientation and included within the mandatory staff training schedule (last completed March 2025). Staff have completed hand hygiene, standard precautions, and personal protective equipment training. Resident education occurs as part of the daily cares.</p> <p>Family/whānau are kept informed of extra precautions required or outbreaks, and updated through emails and phone calls. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons, and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.</p> |
| <p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p> | FA | <p>The service has an antimicrobial stewardship policy and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff and quality meetings and the nurse practitioner. Significant events are reported to the Board immediately. Laboratory diagnostic testing reports are reviewed, and residents are prescribed appropriate antibiotics according to the sensitivity results. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</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> | FA | <p>Infection surveillance is an integral part of the infection prevention control programme. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into electronic infection logs. The monthly infection summary (report extracted from the electronic quality system) includes all</p> |

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| <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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>infections, including organisms and ethnicity. This data is monitored and analysed for trends and patterns by the infection control coordinators and is included in the facility manager monthly report to the Board. Infection prevention and control surveillance is discussed at facility meetings, as confirmed by staff interviewed and review of staff meeting minutes.</p> <p>The infection control coordinator described developing action plans where required for any infection rates of concern. Short-term care plans are utilised for residents with infections. Internal infection control audits are completed, with corrective actions for areas of improvement. Clear culturally safe communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare-acquired infection. The service receives information from Health New Zealand services for any community concerns. The infection control coordinator described developing action plans where required for any infection rates of concern.</p> <p>There have been two outbreaks since the previous audit (Covid-19 and Scabies). The outbreaks were well documented with debrief meetings identifying what went well, and areas of improvement for future outbreak management. The outbreaks were well managed and reported appropriately.</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 policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept in a locked box on the cleaning trolleys, and the trolleys are stored in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are sluice rooms in each area with a sanitiser, stainless steel bench and separate handwashing facilities are available. Eye protection and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of</p> |

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| | | <p>chemicals.</p> <p>Linen and personal clothes are laundered on site by dedicated laundry staff, seven days a week. There are defined areas for clean and dirty laundry, and a dirty-to-clean flow is evident in the well-ventilated laundry area. Kitchen linen and mop heads are also done on site at separate times to resident clothes and linen. There are sufficient commercial washing machines and dryers. The washing machines and dryers are checked and serviced regularly. Material safety data sheets are available, and all chemicals are within closed systems. Linen was seen to be transported on covered trolleys. Resident clothes are delivered to residents' rooms in named baskets. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted was in good condition.</p> <p>There are dedicated cleaners on seven days a week. Cleaning trolleys are attended to at all times and locked away in the cleaners' cupboard when not in use. Cleaning schedules have been maintained for daily and periodic cleaning. All chemicals on the cleaning trolley were labelled. Appropriate personal protective clothing was readily available. The staff interviewed had good knowledge about cleaning processes, and infection prevention and control requirements. There were cleaning and laundry audits completed by the infection prevention and control coordinators that evidence compliance.</p> <p>The infection prevention and control coordinators provide support to maintain a safe environment during construction, renovation, and maintenance activities. There was construction, installation, or maintenance in progress at the time of the audit, with all infection prevention and control measures evidenced to be implemented.</p> |
| <p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> | <p>FA</p> | <p>The organisation and service is committed to providing services to residents without the use of restraint. The policy describes that any use of restraint is minimised and only used if the safety of the resident is compromised and all alternatives have been explored. At time of audit there was one resident using a lap belt restraint. Policy and procedure are comprehensive and guide staff to maintain a resident centred approach to maintaining resident care in the least restrictive manner as</p> |

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| <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p> | | <p>possible. The resident's file was reviewed and all documentation relating to the restraint evidenced policy and procedure had been consistently followed. The review of documentation and discussion with the restraint coordinator outlined the interventions in place to ensure the restraint in use is only for a limited time each day. The family/whānau involvement was clearly documented.</p> <p>Eileen Mary Care ensures all meetings are held, and the consultation process in place means that the voice of any resident or family member is heard. The facility manager described the focus on working towards restraint elimination. This includes a significant quality initiative to reduce their numbers of restraint. Over the 2023-2025 period, the service has reduced their restraint numbers from seven to one. This has been as a result of purchasing new equipment (hospital beds, specialist care chairs, sensor mats); broadening the education delivered for all staff regarding restraint alternatives; intentional rounding for all residents assessed as being a falls risk, or had an increase in their acuity; ongoing audits regarding call bell response times; and tool box discussions if response times were identified as not meeting timeframes.</p> <p>Restraint was understood by the staff interviewed who also described their commitment to eliminating restraint.</p> <p>The facility manager is the restraint coordinator. There is a job description in place that outlines the role. A restraint committee is in place and comprises of the restraint coordinator, caregivers, and registered nurses. Staff have been educated in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques, as part of the ongoing education programme. Restraint protocols are covered in the orientation programme for new staff. The facility manager, clinical nurse lead, general practitioner, and nurse practitioner would be responsible for the approval of any restraints in the future.</p> |
| <p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust</p> | <p>FA</p> | <p>The decision to approve the restraint for the resident was documented and evidenced this decision was made as a last resort, when all other alternatives had been explored. Assessments for the use of restraint,</p> |

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| <p>that the least restrictive options are used first. Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p> | | <p>monitoring, and evaluation were documented and included all requirements of the Standard. Review of documentation evidenced that the resident and their family/whānau were involved in the entire process. Access to advocacy is facilitated when required for any residents or family/whānau. A restraint register is maintained and reviewed three-monthly during the restraint committee meetings. The register contained sufficient information to provide an auditable record. Restraint also forms a part of the agenda for the monthly quality meetings.</p> <p>The service does not utilise emergency restraint.</p> |
| <p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice. Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p> | <p>FA</p> | <p>The restraint committee undertakes a three and six-monthly review of all restraint use, which includes all the requirements of the Standard. The outcome of the review is reported to the general manager and then the governance body. Any changes to policies, guidelines, education, and processes are implemented if indicated.</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) |
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| Criterion 1.6.3 My service provider shall practise open communication with me. | PA Low | Eileen Mary Care has policies that alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Any such notification is documented in the accident/incident form and/or progress notes. Five of twelve accident/incidents reviewed did not have documented evidence on the forms or progress notes to demonstrate that that family/whānau/next of kin were notified. | Five of twelve accident/incidents reviewed did not demonstrate evidence that family/whānau/next of kin were notified of the events. | Ensure that there is documented evidence of communication with family/whānau/next of kin following events. 90 days |
| Criterion 1.7.7 My advance directives (written or oral) shall be followed wherever possible. | PA Low | An advanced directive policy is in place to guide staff to appropriately manage all aspects of advanced directives. The form utilised by the service to document residents' wishes in the event they are unable to communicate these, was | Four of eight resident files reviewed did not have advanced directives completed, or information regarding their advanced directives was not documented within the right form, | Ensure all advanced directives are current, accessible when required to appropriately and safely guide resident care, in the event they are unable to |

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| | | comprehensive. However, discussion with the clinical nurse lead, nurse practitioner and review of resident files evidenced that advanced directives were inconsistently completed. | which created a risk that residents' wishes might not be known and followed when required. | verbalise their wishes. 90 days |
| Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices. | PA Low | The buildings plant and equipment evidence appropriate maintenance and comply with all legislation relevant to the service being provided. The facility is filled with natural light and provides a homely environment for all residents. However, the area between the kitchen and laundry requires improvement. | Observation and discussion with staff evidenced that the laundry and kitchen areas are not separated and pose a risk of cross contamination | Ensure the kitchen and laundry areas are appropriately separated. 180 days |

Specific results for criterion where a continuous improvement has been recorded

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

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

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

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding |
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| <p>Criterion 1.1.1</p> <p>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).</p> | <p>CI</p> | <p>Eileen Mary Care has a documented Māori health plan and well-established relationships with local iwi Ngāti Kahungunu and Rangitāne. The service is committed to supporting Māori aspirations, including recognising mana motuhake, while increasing Māori representation among residents and staff. Māori culture and tikanga are embedded into everyday practice through ongoing engagement with iwi providers and community advocates, which has strengthened iwi connections and supported the care of more kaumātua over time. Evidence shows these initiatives have created a culturally welcoming environment that enhances residents’ quality of life and overall wellbeing. Eileen Mary Care is committed to honouring Te Tiriti, supporting kaumātua, and embedding Māori values into everyday care.</p> | <p>Over the past three years, Eileen Mary Care has actively worked to identify and reduce barriers to care for Māori by creating a culturally safe, welcoming environment. This includes kaumātua-specific care, involvement of kaumātua in decision-making processes, and ensuring that tikanga and Māori values are embedded in everyday practice. As a result, Eileen Mary Care has become a trusted and welcoming place for kaumātua to live.</p> <p>Since beginning its outreach programme in 2023, Māori admissions have steadily grown. From just one Māori kaumātua in January 2023, the number increased to four by October of that year. Throughout 2024 and into 2025, Māori kaumātua numbers have consistently ranged between six and nine, with seven Māori kaumātua at the time of audit. Alongside this, Māori staff representation has also increased, with seven staff currently identifying</p> |

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| | | | <p>as Māori.</p> <p>All staff complete cultural competency training, including Treaty of Waitangi obligations, tikanga (such as tapu and noa), and Māori values like kotahitanga, which guide respectful interactions with family/whānau. Comprehensive cultural profiles are developed for each kaumātua on admission, supporting connection or reconnection with their iwi. Kaumātua are supported to enrol with the local iwi Whānau Ora practice (Ngāti Kahungunu), with 60% currently enrolled, ensuring continuity of traditional healing practices. Rongoā Māori is encouraged, and where appropriate, documented in care plans in consultation with general practitioner or nurse practitioner.</p> <p>Eileen Mary Care actively supports participation in iwi-led activities and ensures transport is arranged. Residents also attend monthly kaumātua meetings at the local marae, strengthening their sense of belonging, cultural identity, and contribution to collective decision-making. Celebrations such as Matariki, cultural festivals, kapa haka, and shared meals (including boil-ups, fry bread, mussels, and hāngī) are regular features of life at the service, enhancing mana and wellbeing. These activities have also deepened staff knowledge, embedding cultural practices into daily care.</p> <p>Kaumātua and family/whānau feedback reflects the positive impact of these initiatives. One recently admitted resident described feeling “at home” immediately, humbled by the genuine interest staff and fellow residents took in their whakapapa and cultural values. Whānau interviews further confirmed that Eileen Mary Care provides a mana-enhancing, inclusive, and homely environment.</p> <p>Staff also report that residents are happy with the services provided. The introduction of te reo Māori</p> |
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| | | | education sessions for both staff and residents has further enriched cultural knowledge and strengthened understanding of te ao Māori within the facility. |
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End of the report.